

# County of Anglesey



# Annual Report

of the

Medical Officer of Health

and the

Principal School Medical Officer

# 1972



# County of Anglesey



# Annual Report

of

G. CROMPTON, M.B., B.Ch.,  
D.(Obst.)R.C.O.G., D.P.H., M.F.C.M.

for the year

# 1972



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## I Aelodau Cyngor Sir Môn

Mr. Cadeirydd, Boneddigion a Boneddigesau,

Y mae'n bleser gennyf gyflwyno Adroddiad Blynnyddol Swyddog Meddygol y Sir a Phrif Swyddog Meddygol Ysgolion y Sir am y flwyddyn 1972.

Y mae poblogaeth y Sir yn parhau i gynyddu'n gyson, a'r amcangyfrif ym mis Mehefin yn 60,590 i'w gymharu â'r amcangyfrif o 60,170 yn 1971, â'r cyfanrif o 59,761 yn ôl y Cyfrifiad Swyddogol 1971.

Mae Adroddiad Cyfrifiad Swyddfa Poblogaeth, Cyfrifiadau ac Archwiliadau wedi dod i law er pan gyhoeddwyd fy Adroddiad Blynnyddol diwethaf ac mae'n cynnwys manylion diddorol ynglyn â Môn. 'Roedd rhif y boblogaeth yr uchaf i'w gofnodi ac am y tro cyntaf mae'n uwch na'r uchafrif blaenorol, sef 57,327 yn 1851. Mae cynnydd o 15.6% er 1961, a hyn yn cymharu â chynnydd o 6% yng Nghymru a Lloegr ar y cyfan, ac mae'r cyfartaledd blynnyddol y cynnydd o 1.46% y flwyddyn, yn y cyfnod 1961-71 yr uchaf ers y degad 1811-21. Ag eithrio Bwrdeisdref Biwmaris, lle yr oedd yna ychydig fwy o farwolaethau na genedigaethau a hefyd Dosbarth Dinesig Caergybi lle'r aeth mwy allan o'r dref nag a ddaeth i mewn, yr oedd yr holl ardaloedd eraill wedi cynyddu mewn poblogaeth am resymau naturiol neu fudiad mewnol, fel ag y gwnaeth Môn ar y cyfan. Yr oedd cyfartaledd poblogaeth o dan 25 oed (39%) yn debyg i'r rhif am Gymru a Lloegr ar y cyfan ond 'roedd 14% o boblogaeth y Sir dros 65 oed i gymharu ac ond 13% yn yr oedran yma with gymeryd Cymru a Lloegr gyda'u gilydd. Danghosodd y Cyfrifiad hefyd fod 24% o bensiynwyr Môn yn byw ar ben eu hunain. Cyfartaledd yr oedolion (16 oed a throsodd) yn briod oedd 69% i ddynion a 64% i ferched — y rhif is i ferched yn adlewyrchu fod yna fwy o wragedd gweddwon nag o wŷr gweddw — 3,565 i'w gymharu ag 895. Am bob 100 o ddynion sengl dros 16 oed yr oedd yna ddim ond 78 o ferched sengl 16 oed a throsodd. Yn yr oedran 20-29, yr oedd yna 100 o ddynion sengl i 49 o ferched sengl, lle yr oedd yna 100 o ferched sengl i 45 o ddynion sengl yn yr oedran 60 mlwydd a throsodd. Yr oedd ychydig o dan 2.7% o boblogaeth Môn wedi eu geni tu allan i'r Deyrnas Unedig, ac heblaw Cymru, ganwyd mwyafrif o bobl Môn yn Lloegr: 23%, yr Alban: 1.1%, De Iwerddon: 1.0%. Yr oedd 48% o deuluoedd Môn yn meddiannu eu cartrefi, 29% o'r teuluoedd yn byw mewn Tai Cyngor, 17% yn talu rhent i berchennog preifat am dŷ heb ei ddodrefnu ac ychydig dros 6% yn rhentio lletyau wedi eu dodrefnu. Yr oedd ychydig mwy na 19% (3,770) o deuluoedd Môn ddim yn gallu mwynhau unrhyw un o'r cyfleusterau a ganlyn — dŵr poeth, baddon (neu gawod) sefydlog, neu toiled dŵr oddi fewn.

## To the Members of the Anglesey County Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the County Medical Officer and Principal School Medical Officer for the year 1972.

The population of the County continues on its steady upward trend, the mid June estimate being 60,590 compared with an estimated 60,170 in 1971 and the 1971 Census total of 59,761.

The Census Report of the Office of Population, Censuses and Surveys was received after publication of my last Annual Report and it contains some interesting data with regard to the County of Anglesey. The population total was the highest ever recorded and for the first time passes the previous peak of 57,327 recorded in 1851. The increase of 15.6% since 1961 compares with a 6% increase for England and Wales as a whole and the annual rate of increase of 1.46% per year for the period 1961-71 was the highest since the 1811-21 decade. With the exceptions of Beaumaris Borough, where there was a slight excess of deaths over births and Holyhead U.D. where there was more migration from the area than to it, all the areas gained population by "natural" increase and by migrations as did Anglesey as a whole. The proportion of population aged under 25 (39%) matched the figure for England and Wales as a whole but 14% of the County's population was aged 65 or over compared with 13% for England and Wales as a whole. The Census also showed that 24% of persons of pensionable age in Anglesey lived in single person households. The proportion of the adult population (aged 16 years and over) that were married was 69% for men and 64% for women — the lower figure for women reflects the greater number of widows than widowers — 3,565 as compared with 895. For every 100 single males aged 16 and over there were only 78 single females aged 16 and over. In the age group 20-29 years there were 100 single males to 49 single females whereas there were 100 single females to 45 single males for the ages over 60. Just under 2.7% of Anglesey's population were born outside the United Kingdom and apart from Wales the countries where the largest number of Anglesey's population were born were England 23%, Scotland 1.1% and the Irish Republic 1.0%. 48% of Anglesey's households owned their accommodation, 29% of households rented their accommodation from Local Authorities, 17% rented unfurnished accommodation from private landlords and just over 6% rented furnished accommodation. Just over 19% (3,770) of households in Anglesey were without exclusive use of at least one of the three amenities — hot water supply, fixed bath (or shower) and inside flush toilet.



Cofrestrwyd 1,091 o enedigaethau byw, dim ond saith yn fwy na'r llynedd yn dangos gradd o 18.0 o enedigaethau am bob mil yn y boblogaeth. Yn y blynnyddoedd diwethaf cyrhaeddodd y gradd genedigol uchafbwynt o 19.5 yn 1966, ac yna disgyn yn araf araf hyd nes aros yn gyson am y dair blynedd diwethaf. Y mae'r patrwm yma'n hollol wahanol i'r disgyniad pendant a welir yng ngradd genedigol Cymru a Lloegr sydd wedi mynd i lawr o 18.5 yn 1964 i 14.8 yn 1972, gan ddisgyn 1.2 yn ystod y deuddeg mis diwethaf. Y mae'n edrych yn debyg nad ydyw'r gwasanaethau atal cenhedlu ddim mor effeithiol yma ag ydynt yn y wlad yn gyffredinol ac er fod yna fwy yn mynychu y clinigau yn 1972 (gwel tu fewn i'r Adroddiad) y mae'n angenrheidiol rhoi sylw blaenllaw i'r mater yma yn y dyfodol. Yr ydym wrth gwrs wedi dechrau symud ymlaen drwy gael Clinig Symudol "pob pwrpas" a hefyd apwyntio Ymwelydd Cynllunio Teulu er ceisio sicrhau fod y cyfleusterau ar gael i'r rhai sy'n byw yn yr ardaloedd gwledig a hefyd i gynnig gwasanaeth yn y cartrefi iddynt os oes angen. Nid ydyw'r Ddeddf Erthylu wedi cael llawer o argraff ar y Sir hyd yn hyn a nodwyd fod 87 wedi cymeryd lle yn 1972 a 90 yn 1971.

Y mae llawer o'r gwasanaethau wedi dangos cynnydd amlwg ym maint y darpariaethau a hefyd yn y defnydd a wneir ohonynt, ac maent wedi elwa oherwydd penderfyniadau y Cyngor yn ystod 1971. Y mae hyn, er engraifft, yn wir am y Gwasanaeth Nyrsio Cartrefol gan fod 1,591 o gleifion dros 65 oed wedi cael sylw i'w gymharu â 1,103 yn y flwyddyn cynt, a chyfanrif yr ymweliadau yn 40,322 i'w gymharu â 24,694 yn 1971. Y mae hyn wedi bod yn bosibl gan fod yna fwy o Nyrsus Ardal, ymlyniad llawn i Grwpiau Meddygon Cyffredinol, apwyntio Gweinyddesau Cynorthwyol i bob Practis, a gwasanaeth mwy effeithiol tua diwedd y flwyddyn pryd gosodwyd Darpariaeth Teliffon Radio yng ngheir y nyrsus. Fe ddylai yr olaf a nodir wneud gwahaniaeth mawr gan arbed amser teithio yn y Gwasanaeth Nyrsio eleni, ac hefyd arbed petrol mewn amser o brinder cenedlaethol. Yr oedd 70.3 y cant o'r ymweliadau a wnaed gan y Nyrsus Ardal i hen bobl dros 65 a hyn i'w gymharu a 59.7 y cant yn 1971.

Yr oeddem yn gallu rhoi y Nyrsus Ardal ar Gyfarthreb Radio drwy fanteisio ar drefniant newydd oedd yn cael ei ffitio er budd y Gwasanaeth Ambiwylans. Hyderaf y bydd y Meddygon Teuluol yn ymuno â'r trefniant radio yn fuan ac felly yn creu y gwasanaeth mwyaf blaenllaw yn y wlad, os nad yn y byd, i gysylltu y meddyg, y nyrs, yr ambiwlans a'r Adran Ddamweiniau ac Argyfwng yr Ysbyty. Mae'n bleser gennyf gyfleu fy niolch i Mr. Ray Pierce Jones, y Swyddog Gofalaeth Trydan, am gynllunio a diogelu gwaith sefydlu y rhwydwaith yma.

Cafodd y Gwasanaeth Ambiwylans hefyd ei adolygu yn drwyadl, cafwyd mwy o gerbydau a dynion a chytuno Amodau Gweithio



There were 1,091 live births registered, only seven more than in the previous year, giving a birth rate of 18.0 per 1,000 population. The birth rate in the County of recent years had a peak of 19.5 in 1966, thereafter falling very slowly levelling out in the last three years. This pattern is in marked contrast to the quite definite and dramatic fall in the England and Wales birth rate which has fallen from 18.5 in 1964 to 14.8 in 1972 with a drop of 1.2 in the last 12 months of this period. It would appear that the family planning services provided may not be as effective locally as in the country in general and that even with a marked increase in attendance at clinics in 1972, as reference to the body of this report will show, higher priority to this matter will need to be given in the future. A start has been made with the provision of the "all purpose" Mobile Health Clinic and the appointment of the Family Planning Visitor to make facilities available to those living in rural areas and the provision of a domiciliary service where necessary. The Abortion Act appears to have made little impact in the County to date, the registered number of abortions being 87 in 1972 and 90 in 1971.

Many services have shown a massive increase in the scale of provision and utilisation and have benefited by the decisions of the Council in 1971. These include for example the Home Nursing Service where 1,591 patients aged 65 years and over were visited compared with 1,103 in the previous year, a total of 40,322 visits being made compared with 24,694 in 1971. This has been made possible by increases in the establishment of District Nursing Sisters, full attachment to General Practitioners Group Practices, the appointment of Nursing Auxiliaries to each Practice and increased efficiency towards the end of the year by installation of Radio Telephone Equipment in the cars of Nursing Sisters. The latter should make a marked difference in the time saved in travelling by the Nursing Service this year and also incidentally effect much saving of petrol at a time of national shortage. 70.3% of visits made by District Nursing Sisters were to the elderly over 65 years of age compared with 59.7% in 1971.

We were able to put the District Nursing Sisters in Radio Communication by taking advantage of the new and very sophisticated system that the Ambulance Service was being fitted with. It is my hope that soon many General Practitioners will join the Radio link and make it into the first of its kind in this country, if not in the world, to link doctor, nurse, ambulance and Hospital Accident and Emergency Unit. I am pleased to acknowledge my great debt to Mr. Ray Pierce Jones, the Electrical Maintenance Officer, for designing and supervising the installation of the whole network.

The Ambulance Service was also reviewed in its entirety, additional vehicles and men obtained and new Conditions of Service negotiated

newydd efo'r Undeb Llafur berthnasol er mwyn ceisio darparu trawsfudiad esmwythach i'r Gwasanaeth Iechyd sydd i'w Ad-drefnu yn 1974. Yng nghanol y cynnwrf a'r cyffro yn ymwneud â'r datblygiadau newydd a nodwyd yr oeddem i gyd yn drist iawn o glywed am farwolaeth Mr. Lefi Williams, Swyddog Ambiwllans y Sir ym mis Hydref. Yr oedd ei ymadawiad yn pery galar a gofid i Swyddogion Ambiwllans a'u dynion drwy Gymru gyfan ac fe fydd y rhai a gafodd y fraint o'i adnabod yn dda yn cofio ei ffyddlondeb i'r Cyngor Sir, ei lwyr ymgymeryd â'r Gwasanaeth Ambiwllans, a Brigad Ambiwllans Sant Ioan, a hefyd yr arweiniad a roddodd i'w ddynion bob amser.

Bu yna ddatblygiad pellach ym meysydd Addysg Iechyd, Crefft-Mam, ac yn y Gwasanaeth Deintyddol i Wragedd Beichiog neu a chanddynt blant bach, a cheangwyd i'r Cylchoedd Chwarae Gwirfoddol yn y Sir am y tro cyntaf erioed.

Gwnaethpwyd gwasanaethau ynglyn â gwaith Ymwelydd Iechyd Ysgol a Nyrs Ysgol yn nodwedd ar wahan, a phenodwyd Cynorthwyr Clinig Rhan-amser i helpu yn y gwaith. Parhaodd Gwasanaeth Deintyddol i blant ysgol i ddangos cynnydd sylweddol a bu bron awn i bob plentyn sy'n mynychu Ysgolion y Sir gael archwiliad iddeintyddol yn ystod y flwyddyn.

Y mae'n amlwg wrth astudio y ffigurau na allwn gyfiawnhau, am ddim mwy, yr amser a'r ymdrech sy'n cael ei roi i werthu Bwydydd Lles Cenedlaethol yn ein Clinigau i Blant Bychain. Er engraifft, mor ddiweddar a 1968, gwerthwyd 15,316 o dyniau Llefrith Sych Gwladol. Erbyn 1972 yr oedd y nifer i lawr i 3,596 yn unig, a'r gwir ydi nad oes galw am y Gwasanaeth, ond ni fedrwn beidio â chynnal yr eitemau yma nes i'r Gwasanaeth Bwydydd Lles gael ei atal gan y Llywodraeth Ganolog. Yn fy marn i, fe ddylent edrych i mewn i'r mater yn y dyfodol agos.

Yr wyf yn falch o gael dweud fod cynrychioliadau niferus y Cyngor ynglyn â Difodi Brwselosis a'r cymorth gwerthfawr iawn a gawsom gan y Gwir Anrhydeddus Cledwyn Hughes, A.S., a dwy Undeb y Ffermwyr wedi bod yn llwyddiannus gyda'r canlyniad fod Môn i gael ei chyfrif fel Ardal Glir o Dachwedd 1974 ymlaen.

Mae'n perthynas â'r Meddygon Teuluol yr Ysbytai, Adran Gwasanaethau Cymdeithasol, a'r Cymdeithasau Gwirfoddol wedi bod yn hollol gytun ac yn un hapus iawn. Mae'r Meddygon Teuluol yn awr yn cymeryd rhan amlwg yn y Pwyllgorau sy'n penodi staff nyrsio yn ymwneud â'u practis eu hunain ac yn ddi-cithriad y mae'r trefniant yma wedi gwella effeithiolrwydd y cynllun ymlyniad.

Ar 26ain Rhagfyr wnaeth Mr. O. V. Jones, M.A., M.D., F.R.C.S., F.R.C.O.G., yr Ymgynghorydd yn Obstetraeth a Gynaecoleg ym-

with the Trade Union concerned, in preparation for easier transition to the Reorganised Health Service in 1974. Amidst the excitement of the new developments mentioned above we were all cast into a deep depression by the death of Mr. Lefi Williams, the County Ambulance Officer in October. His passing was greatly mourned by Ambulance Officers and men throughout Wales and those who were privileged to know him well will always remember him best for his loyalty to his Authority, his life long dedication to the Ambulance Service and the St. John Ambulance Brigade, and also the leadership which he showed his men at all times.

There were further expansions in the field of Health Education, Mothercraft, and in Dental Services for Expectant and Nursing Mothers and Young Children which were extended to the voluntary playgroups in the County for the first time.

School Health Visiting and School Nursing was made into a separate specialty and Part-time Clinic Assistants appointed to help in the work. The School Dental Service continued to show a very satisfactory throughput and nearly achieving a 100% inspection rate of the children in maintained schools during the year.

It is obvious from study of the statistics collected than no longer can we justify the time and effort spent on providing the National Welfare Foods at our Infant Welfare Centres. The facts in respect of National Dried Milk for example are that as recently as 1968, 15,316 tins were sold. This total in 1972 was reduced to 3,596 only. The truth is that there is no demand for this Service and since we cannot discontinue to stock these items until the Welfare Foods Services is discontinued by the Central Government Department it is my opinion that they should review the position at an early date.

I am pleased to record that the many representations of the Council regarding the Eradication of Brucellosis and the very valuable assistance given to us by the Rt. Hon. Cledwyn Hughes, M.P. and both Farmers Unions, has achieved a successful result in that Anglesey is to be included in an Eradication Area from November, 1974.

Our relationship with General Practitioners, Hospitals, The Department of Social Services and Voluntary Organisations has been indeed an entirely harmonious and happy one. The General Practitioners now take an active part in the Committee appointments of Nursing Staff who are being recruited into attachment to their practices and this arrangement has markedly increased the effectiveness of the attachment schemes without exception.

It was on the 26th December that Mr. O. V. Jones, M.A., M.D., F.R.C.S., F.R.C.O.G., the Consultant Obstetrician and Gynaecologist,

ddeol. Yr oedd wedi rhoi ei oes i ddatblygu gwasanaeth penigamp i ferched Gwynedd. Yr oedd yn adnabyddus trwy'r holl wlad ac yr oedd gan ei gyd-weithwyr proffesiynol feddwl mawr ohono oherwydd ei gyfraniad pwysig i Obstetraeth a Gynaecoleg, a'r dull o gyfundrefn a wnaethom ni ym Môn drwy ei ymdrech ef ei mwynhau ers cyn yr Ail Ryfel Byd, a sydd hyd heddiw yn batrwm i lawer o awdurdodau uchelgeisiol mewn oes o ddatblygiadau gwyddonol eithriadol yn y byd meddygol. Dymunaf iddo flynyddoedd lawer o hapusrwydd.

Yr wyf yn ddiolchgar iawn am y cymorth a dderbyniais gan Gymdeithas Môn at Lês Personnnau Methedig, Cymdeithas Môn i Blant dan Anfantais Meddylial, Sefydliad Goffa Marie Curie, a Chymdeithas Cenedlaethol Atal Creulondeb i Blant yn ystod y flwyddyn.

Dymunaf hefyd gyfleu fy niolch am garedigrwydd a chydweithrediad swyddogion eraill y Cyngor. Yr wyf yn ddyledus iawn i Mr. Idris Davies, Clerc y Cyngor Sir, a'i adran am gymorth a chynghor parhaus. Mae Peiriannydd Dŵr y Sir (Mr. A. B. Groves) a Phrif Arolygydd Adran Gwarchod Buddiannau Cwsmeriaid (Mr. H. A. Thomas) yn garedig iawn wedi rhoi adroddiad yn ymwneud â'u hadrannau hwy i'w cynnwys yn yr Adroddiad yma. Yr wyf yn diolch i Swyddogion Meddygol Ardal, y Swyddogion Meddygol i Ysgolion ac i'r staff i gyd, boed iddynt weithio tu allan neu tu fewn i'r swyddfa am eu cydweithrediad ffyddlon, ac i Mr. B. G. Rhodes, Prif Swyddog Gweinyddol Cynorthwyol, a Miss Edna M. Jones am eu cynorthwy i baratoi yr adroddiad yma.

Buaswn hefyd yn dymuno diolch i chwi Syr, i Aelodau Cyngor Sir Môn, ac yn arbennig i Aelodau y Pwyllgor Iechyd a Phwyllgor Iechyd Lles Plant Ysgol am y diddordeb a'r cefnogaeth yr ydych wedi ei ddangos i mi bob amser yn ymwneud â gwaith yr Adran ac am eich cynghor a'ch arweiniad.

Yr wyf,

Eich Ufudd Was,

G. CROMPTON

*Swyddog Meddygol y Sir*  
*Prif Swyddog Meddygol Ysgolion y Sir.*



retired. He had devoted his life's work to the development of a service to the women of Gwynedd which was second to none. He was nationally recognised and honoured by his professional colleagues for his outstanding contributions to Obstetrics and Gynaecology and the type of organisation of services that we benefited from in Anglesey since before the Second World War is a model to many an authority aspiring to prominence even in today's era of advanced medical science. I wish him a long and happy retirement.

I am extremely grateful for the help received from the Anglesey Society for the Welfare of Handicapped Persons, the Anglesey Society for Mentally Handicapped Children, the Marie Curie Memorial Foundation and the National Society for the Prevention of Cruelty to Children during the year.

I wish also to acknowledge the kindness and co-operation shown by the other officers of the Council. I am particularly indebted to Mr. Idris Davies, Clerk of the County Council, and his department for assistance and advice frequently sought and readily given. The County Water Engineer and Manager (Mr. A. B. Groves) and the Chief Inspector of Consumer Protection (Mr. H. A. Thomas) kindly provided information relating to their departments for inclusion in this report. I am indebted to the District Medical Officers of Health, the School Medical Officers, the field and clerical staff for their loyal co-operation and Mr. B. G. Rhodes, my Chief Administrative Assistant, and Miss Edna M. Jones for their help in the compiling of this Report.

I would also like to take this opportunity to thank you, Sir, the Members of the Anglesey County Council and, in particular, the Members of the Health Committee and Education Welfare Committee for the interest and support you have shown at all times in the work of the Department and for your advice and guidance given me.

I am,

Your obedient Servant,

G. CROMPTON

*County Medical Officer,  
Principal School Medical Officer*

1st November, 1973



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**Part I**  
**GENERAL STATISTICS**

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Table 1

## POPULATION AND RATEABLE VALUE

<i>District</i>	<i>Area in Acres</i>	<i>Population Mid-year Estimate</i>	<i>Rateable Value (1.4.72) £</i>
Beaumaris Borough .....	3,135	2,100	78,507
Amlwch Urban .....	4,494	3,590	148,359
Holyhead Urban .....	730	11,100	286,535
Llangefni Urban .....	2,510	4,000	134,903
Menai Bridge Urban .....	824	2,630	95,035
Total Urban Districts ...	11,693	23,420	743,339
Aethwy Rural .....	52,352	12,260	260,349
Twrcelyn Rural .....	53,865	9,610	398,482
Valley Rural .....	58,784	15,300	397,512
Total Rural Districts .....	165,001	37,170	1,056,343
Total Administrative County	176,694	60,590	1,799,682

Estimated Product of New Penny Rate for the County, 1972/73

£23,822

## METEOROLOGY

Monthly climatological data relating to R.A.F. Establishment, Valley, and supplied by courtesy of the Director General of the Meteorological Office.

Table 2

YEAR 1972	RAINFALL		SUNSHINE		TEMPERATURE		FOG
<i>Month</i>	<i>Mean dly. rainfall mms.</i>	<i>No. of Wet Days</i>	<i>Mean dly. hrs. of sunshine</i>	<i>Sunny days</i>	<i>Mean Max. day Tem.</i>	<i>Mean Min. Night Tem.</i>	<i>No. of days fog record- ed</i>
January .....	2.9	9	1.9	7	45	38	0
February .....	1.8	13	2.7	6	47	39	0
March .....	2.1	10	4.3	6	50	39	3
April .....	2.8	10	5.9	8	52	43	1
May .....	1.2	12	5.9	6	56	46	0
June .....	3.3	16	6.6	8	58	49	0
July .....	2.3	7	6.8	10	65	54	8
August .....	0.9	5	6.3	9	63	52	5
September ...	0.9	4	6.1	12	62	48	4
October .....	1.3	7	3.7	7	60	48	2
November ...	4.2	18	2.1	8	50	43	2
December .....	2.8	16	1.3	4	51	43	1

There were 16 more rainy and 5 less sunny days than in the previous year, but temperatures on the average were the same. The number of foggy days totalled 26, the same as the previous year but there were four months completely free of fog compared with one month in 1971.

## VITAL STATISTICS

Where possible the comparable rates for England and Wales are shown. For the current year these are provisional figures issued by the Registrar General.

The following table shows the statistics for the individual county districts:

*Table 3. AREA, POPULATION, BIRTHS, DEATHS FOR 1972*

<i>District</i>	<i>Area in Acres</i>	<i>Population</i>			<i>Live Births</i>	<i>Deaths</i>
		<i>Census 1961</i>	<i>Census 1971</i>	<i>Mid-year 1972</i>		
Amlwch .....	4,494	2,902	3,682	3,590	60	45
Beaumaris .....	3,135	1,962	2,102	2,100	19	26
Holyhead .....	730	10,412	10,620	11,100	221	151
Llangefni .....	2,510	3,206	3,951	4,000	92	51
Menai Bridge.....	824	2,335	2,612	2,630	36	32
Urban .....	11,693	20,817	22,967	23,420	428	305
Aethwy .....	52,352	10,141	12,010	12,260	216	185
Twrcelyn .....	53,865	8,056	9,736	9,610	141	132
Valley .....	58,784	12,691	15,048	15,300	306	188
Rural.....	165,001	30,888	36,794	37,170	663	505
Anglesey .....	176,694	51,705	59,761	60,590	1,091	810

### Births

There were 1,091 *live births* registered during the year, corresponding to a birth rate of 18.0 per 1,000 population.

The trend of the birth rate over the past 10 years can be seen from Table 4, which gives the England and Wales data for comparison.

*Table 4. BIRTH RATE PER 1,000 POPULATION*

<i>Year</i>	<i>Anglesey</i>	<i>England and Wales</i>
1963 .....	18.2	18.2
1964 .....	19.2	18.5
1965 .....	19.3	18.1
1966 .....	19.5	17.7
1967 .....	17.9	17.2
1968 .....	18.7	16.9
1969 .....	18.9	16.3
1970 .....	18.0	16.0
1971 .....	18.0	16.0
1972 .....	18.0	14.8

Illegitimate live births accounted for 83 out of the total of 1,091 live births. Expressed as a percentage this is 7.6 per cent. of the total and as a rate is 1.4 per 1,000 population.

The following table shows the trend of the illegitimate birth rate for Anglesey and for England and Wales for the last 10 years.

*Table 5*  
ILLEGITIMATE BIRTH RATE PER 1,000 POPULATION

<i>Year</i>	<i>Anglesey</i>	<i>England and Wales</i>
1963 .....	0.9	1.2
1964 .....	0.7	1.1
1965 .....	1.1	1.4
1966 .....	1.2	1.4
1967 .....	1.1	1.4
1968 .....	1.2	1.4
1969 .....	1.4	1.4
1970 .....	1.1	1.3
1971 .....	1.4	1.4
1972 .....	1.4	1.3

### Stillbirths

*Stillbirths* during the year numbered 13 compared with 15 in 1971, which gives a stillbirth rate of 0.21 per thousand population. The corresponding rate for England and Wales was 0.18. To express stillbirths as a rate per 1,000 population is liable to mislead, because if the population is ageing, that fact alone would cause a decline in the rate computed in this way. It is of more interest to know what proportion of developing pregnancies (i.e. pregnancies which advance to the 28th week) have live issue.

Table 6 shows the stillbirth rate per 1,000 (live and still) births for the past 10 years, with the England and Wales figures for comparison.

*Table 6*  
STILLBIRTH RATE PER 1,000 BIRTHS (LIVE AND STILL)

<i>Year</i>	<i>Anglesey</i>	<i>England and Wales</i>
1963 .....	24	17
1964 .....	17	16
1965 .....	24	16
1966 .....	14	15
1967 .....	13	15
1968 .....	14	14
1969 .....	11	13
1970 .....	15	13
1971 .....	14	12
1972 .....	12	12

*Rate is given to nearest whole number*

It is pleasing to note that the stillbirth rate at 11·8 is the lowest, apart from 1969, over the past ten years.

### Infant Mortality

There were 24 deaths of infants under 1 year of age during the year, as compared with 23 in the previous year. This gives an infant mortality rate of 22·0 per 1,000 live births as compared with 21·2 in 1971. The corresponding rate for England and Wales was 17·2 per 1,000 live births. There was 1 death of an illegitimate infant. The infant mortality rate per 1,000 corresponding live births was therefore:

Legitimate: 22·8                      Illegitimate: 12·0

The causes of infant deaths are shown in the following table:

Table 7  
CAUSES OF INFANT DEATHS 1972

Cause	Age at Death					Total
	Under 1 day	1-7 days	1-4 weeks	1-3 mths.	3-12 mths.	
Congenital Anomalies .....	—	6	—	—	—	6
Birth Injury, Difficult Labour, etc.	—	3	—	—	—	3
Other Causes of Perinatal Mortality	3	2	—	—	—	5
Enteritis and Other Diarrhoeal Diseases .....	—	—	—	1	—	1
Other Diseases of Nervous System	—	—	—	1	—	1
Meningococcal Infection .....	—	—	—	—	1	1
Pneumonia .....	—	—	3	1	—	4
Other Diseases of Respiratory System .....	—	—	—	—	1	1
Motor Vehicle Accidents.....	—	—	—	—	1	1
All Other Accidents .....	—	—	—	—	1	1
Totals .....	3	11	3	3	4	24

Of the 24 infant deaths, 14 occurred within a week of birth. This gives an *early neo-natal mortality rate* of 12·8 per 1,000 live births. This figure, especially if combined with incidence of stillbirth to give a perinatal mortality rate, gives an index of the hazards of pregnancy and parturition. The *perinatal mortality rate* for 1972 was 24·5 per 1,000 total live and still births.

The trend of the infant, neo-natal and perinatal mortality rates over the past 10 years can be seen by reference to Table 8.

Table 8

## INFANT MORTALITY RATES

Year	Infant Mortality Rate		Neonatal Mortality Rate*		Perinatal Mortality Rate	
	Anglesey	Eng. and Wales	Anglesey	Eng. and Wales	Anglesey	Eng. and Wales
1963 .....	16	21	11	14	27	29
1964 .....	24	20	19	14	33	28
1965 .....	25	19	23	13	44	27
1966 .....	18	19	15	13	28	26
1967 .....	20	18	15	13	24	25
1968 .....	16	18	13	12	25	25
1969 .....	20	18	15	12	24	23
1970 .....	8	18	7	12	21	23
1971 .....	21	18	18	12	30	22
1972 .....	22	17	16	12	24	22

\* Deaths under 4 weeks per 1,000 live births

Rate is given to nearest whole number

As will be observed from Table 8 the infant mortality, neo-natal mortality, and perinatal mortality rates fluctuate somewhat, the result of dealing statistically with small numbers.

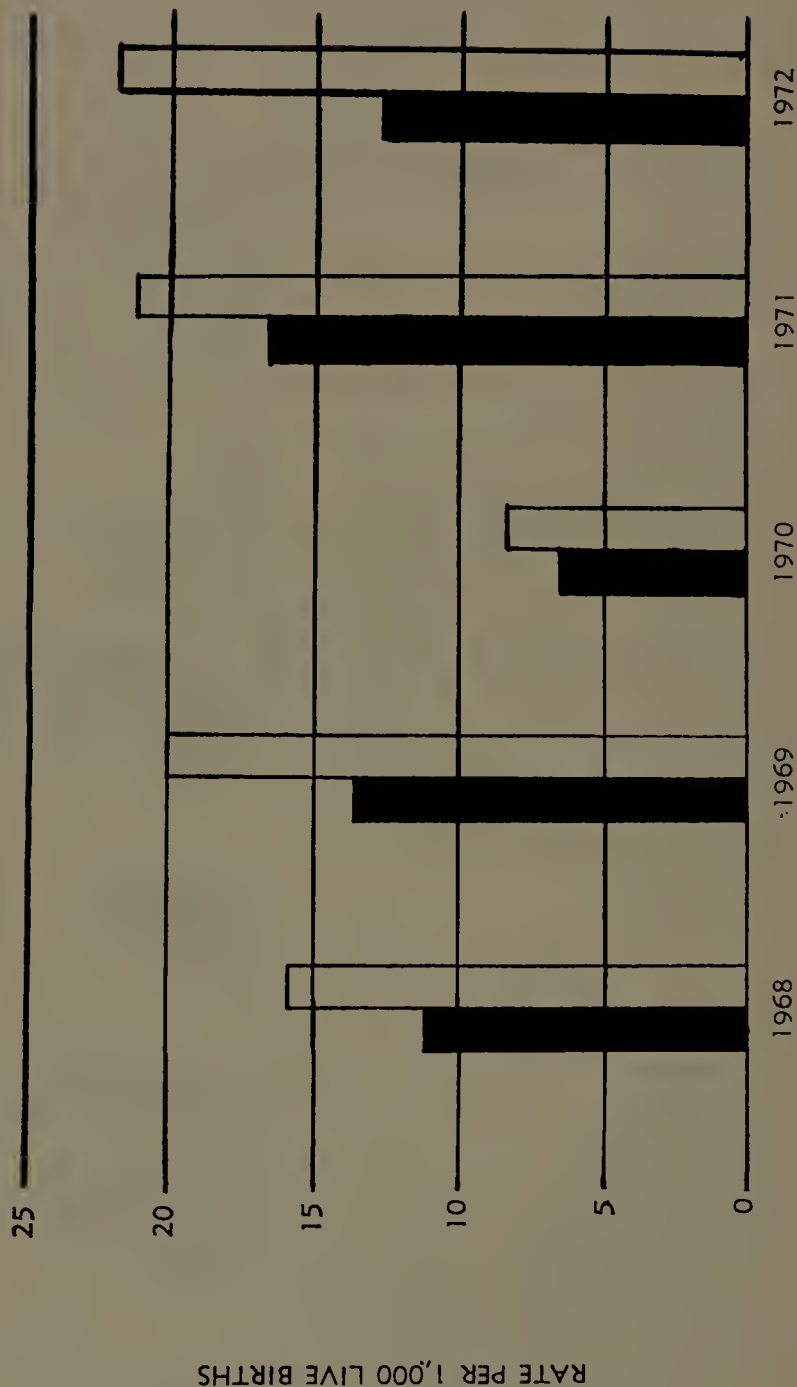


Table 9

*Detailed analysis of Stillbirths and Neo-natal Deaths occurring in 1972*

<i>Detail</i>	<i>Still Births</i>	<i>Neo- natal Deaths</i>	<i>Detail</i>	<i>Still Births</i>	<i>Neo- natal Deaths</i>
Totals ... ..	13	17	<b>Ante-natal complications:</b>		
Males ... ..	7	10	Hypertension ... ..	2	—
Females ... ..	6	7	Oedema ... ..	4	1
<b>Age of Mother:</b>			Albuminuria ... ..	2	2
Under 20 ... ..	2	—	A.P.H. ... ..	2	6
20-24 ... ..	7	3	Rh. Neg. with antibodies	1	1
25-29 ... ..	2	5	Toxaemia ... ..	1	1
30-34 ... ..	1	7	X-ray ... ..	—	—
35-39 ... ..	1	1	Multiple Pregnancy ...	—	—
40+ ... ..	—	1			
Not known ... ..	—	—	<b>Maturity:</b>		
<b>No. of Previous Pregnancies:</b>			0-31 weeks ... ..	2	5
0 ... ..	5	5	32-35 weeks ... ..	4	2
1 ... ..	—	—	36-40 weeks ... ..	4	10
2 ... ..	5	2	40+ weeks ... ..	3	—
3 ... ..	2	2	Not known ... ..	—	—
4 ... ..	—	4	<b>Mode or Complications of Delivery:</b>		
5+ ... ..	1	4	Normal ... ..	10	14
Not known ... ..	—	—	Assisted Breech ... ..	3	1
<b>Social Class:</b>			Caesarean Section ... ..	—	2
I & II ... ..	1	—	Forceps ... ..	—	—
III ... ..	—	4			
IV & V ... ..	12	13	<b>Malformations:</b>		
Not known ... ..	—	—	Anencephaly ... ..	2	1
			Hydrocephaly ... ..	1	1
			Spina Bifida ... ..	1	1
			Maceration ... ..	2	—
<b>Place booked for Confinement:</b>			<b>Associated and listed Causes of Death:</b>		
Hospital ... ..	13	15	Resp. Syndrome ... ..	1	4
Domiciliary ... ..	—	—	Cong. abnormalities ...	3	7
Not booked ... ..	—	2	Birth injury ... ..	—	—
Not known ... ..	—	—	Multiple Pregnancy ...	—	—
<b>Ante-natal Care:</b>			Gross Prematurity ... ..	6	4
G.P. only ... ..	—	2	Placental insufficiency ...	5	3
G.P. and A.N.C. ...	13	15	Asphyxia ... ..	—	1
G.P. and Midwife ...	—	—	Prematurity ... ..	3	3
A.N. Clinic only ...	—	—			
None ... ..	—	—			

# FIVE-YEAR HISTOGRAM SHOWING :—



*Table 10*  
LEGALLY INDUCED ABORTIONS BY MARITAL STATUS, AGE AND PLACE OF OPERATION

Year	Total	Marital Status			Age						Hospital Region of Operation			
											Home Region		Other Region	
		Single	Married	Others	Under 16	16-19	20-34	35-44	45 and over	N.H.S. Hospital	NON N.H.S.	N.H.S. Hospital	NON N.H.S.	
1971	90	22	59	9	1	4	56	28	1	46	—	6	38	
1972	87	37	42	8	1	17	52	16	1	23	—	8	56	

### Child Mortality

There were four deaths in the 1—4 years and two in the 5—14 years age groups respectively.

The causes of death were:

	1—4 years	5—14 years
Enteritis and other Diarrhoeal Diseases	1 (M)	—
Other Diseases of Nervous System.....	1 (M)	—
Motor Vehicle Accidents .....	1 (M)	—
Diseases of Musculo-Skeletal System	1 (F)	—
Other Endocrine, etc. Diseases .....	—	1 (M)
All Other Accidents .....	—	1 (M)

### Legally Induced Abortions

The information provided by the courtesy of the Office of Population, Censuses and Surveys in respect of Anglesey residents is given in Table 10.

### Maternal Mortality

There were no maternal deaths during the year. The last maternal death occurred in 1971.

### General Mortality

There were 810 deaths of persons of all ages registered during the year after allowing for transferable deaths (inward and outward), 74 more than in 1971. This gives a crude death rate of 13.4 per 1,000 population. The corresponding rate for England and Wales was 12.1. Because the rates as computed take no account of differences in the age and sex composition of the population in question (hence the

Table 11

ANNUAL DEATH RATE PER 1,000 ESTIMATED POPULATION

<i>District</i>	<i>All Causes</i>	<i>Death Rate for</i>		
		<i>Respiratory Diseases</i>	<i>Cancer</i>	<i>Heart Disease</i>
Amlwch .....	12.5	1.7	1.4	3.3
Beaumaris .....	12.4	1.0	2.9	3.8
Holyhead .....	13.6	1.2	2.7	3.8
Llangefni .....	12.8	1.8	3.0	3.3
Menai Bridge .....	12.2	0.8	2.7	4.6
Urban .....	13.0	1.3	2.6	3.7
Aethwy .....	15.1	2.0	2.5	5.8
Twrcelyn .....	13.7	1.1	3.6	4.2
Valley .....	12.3	1.4	1.4	4.4
Rural .....	13.6	1.5	2.3	4.8
Anglesey .....	13.4	1.4	2.4	4.4

Table 12—CAUSES OF DEATH, 1972

Registrar General's Code	Causes of Death	Males						Females						Total
		0- 1	1- 5	5- 15	15- 25	25- 35	35- 45	45- 55	55- 65	65- 75	75- 85	85- 95	95- 105	
B.1	Cholera ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.2	Typhoid fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.3	Bacillary dysentery & amebiasis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.4	Eneritis and other diarrhoeal diseases ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.5	Tuberculosis of respiratory system ... ..	1	—	—	—	—	—	—	—	—	—	—	—	2
B.6(1)	Late Effects of Resp. Tb. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1
B.7	Plague ... ..	—	—	—	—	—	—	—	—	—	—	—	—	2
B.8	Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.9	Whooping Cough ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.10	Streptococcal sore throat and scarlet fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.11	Meningococcal infection ... ..	1	—	—	—	—	—	—	—	—	—	—	—	1
B.12	Acute Poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.13	Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.14	Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.15	Typhus and other rickettsioses ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.16	Malaria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.17	Syphilis and its sequelae ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.18	Other infective and parasitic diseases ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.19(1)	Malignant neoplasm, buccal cavity, etc. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1
B.19(2)	Malignant neoplasm, oesophagus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1
B.19(3)	Malignant neoplasm, stomach ... ..	—	—	—	—	—	—	—	—	—	—	—	—	7
B.19(4)	Malignant neoplasm, intestine ... ..	—	—	—	—	—	—	—	—	—	—	—	—	19
B.19(5)	Malignant neoplasm, larynx ... ..	—	—	—	—	—	—	—	—	—	—	—	—	26
B.19(6)	Malignant neoplasm, lung, bronchus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	2
B.19(7)	Malignant neoplasm, breast ... ..	—	—	—	—	—	—	—	—	—	—	—	—	35
B.19(8)	Malignant neoplasm, uterus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	8
B.19(9)	Malignant neoplasm, prostate ... ..	—	—	—	—	—	—	—	—	—	—	—	—	7
B.19(10)	Leukaemia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	5
B.19(11)	Other malignant neoplasms ... ..	—	—	—	—	—	—	—	—	—	—	—	—	30
B.20	Benign and unspecified neoplasms ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1
B.21	Diabetes mellitus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1
B.22	Avitaminoses and other nutritional deficiency ... ..	—	—	—	—	—	—	—	—	—	—	—	—	5
B.46(1)	Other endocrine, etc., diseases ... ..	—	—	—	—	—	—	—	—	—	—	—	—	4
B.23	Anaemias ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46(2)	Other diseases of blood and blood-forming organs ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46(3)	Meningitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.24	Other diseases of nervous system ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46(5)	Active rheumatic fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.25	Chronic rheumatic heart disease ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.26	Hypertensive disease ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.27	Ischaemic heart disease ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.28	Other forms of heart disease ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.29	Cerebrovascular disease ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.30	Other diseases of circulatory system ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.31	Influenza ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.32	Pneumonia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.33(1)	Bronchitis and emphysema ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.33(2)	Asthma ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46(7)	Other diseases of respiratory system ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.34	Peptic ulcer ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.35	Appendicitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.36	Intestinal obstruction and hernia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.37	Cirrhosis of liver ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46(8)	Other diseases of the digestive system ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.38	Nephritis and nephrosis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.39	Hyperplasia of prostate ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46(9)	Other diseases, genito-urinary system ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.40	Abortion ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.41	Other complications of pregnancy, etc. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.1C(10)	Diseases of the skin and subcutaneous tissue ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.46(11)	Diseases of the musculoskeletal system ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.42	Congenital anomalies ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.43	Birth injury, difficult labour, etc. ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.44	Other causes of perinatal mortality ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.45	Symptoms and ill-defined conditions ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
BE.47	Motor vehicle accidents ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
BE.48	All other accidents ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
BE.49	Suicide and self-inflicted injuries ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
BE.50	All other external causes ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
	All causes ... ..	14	3	2	11	2	11	27	71	136	154	10	1	810

Table 13—DEATHS AND STILLBIRTHS CLASSIFIED BY COUNTY DISTRICTS, 1972

Registrar General's Code	Cause	Deaths							Total	
		Amharb	Dea- maris	Hab- lead	Lan- rept	Menai Bridge	Atelby	Tyr- etjyn		Valley
B.1	Cholera ... ..	—	—	—	—	—	—	—	—	—
B.2	Typhoid fever ... ..	—	—	—	—	—	—	—	—	—
B.3	Bacillary dysentery and amoebiasis	—	—	—	—	—	—	—	—	—
B.4	Enteritis and other diarrhoeal diseases	—	—	—	1	—	1	—	1	2
B.5	Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	—
B.6(1)	Late Effects of Respiratory Tb.	—	—	—	—	—	—	—	—	—
B.7	Plague ... ..	—	—	—	—	—	—	—	—	—
B.8	Diphtheria ... ..	—	—	—	—	—	—	—	—	—
B.9	Whooping Cough ... ..	—	—	—	—	—	—	—	—	—
B.10	Streptococcal sore throat and scarlet fever	—	—	—	—	—	—	—	—	—
B.11	Meningococcal infection	—	1	—	—	—	—	—	—	1
B.12	Acute Poliomyelitis ... ..	—	—	—	—	—	—	—	—	—
B.13	Smallpox ... ..	—	—	—	—	—	—	—	—	—
B.14	Measles ... ..	—	—	—	—	—	—	—	—	—
B.15	Typhus and other rickettsioses	—	—	—	—	—	—	—	—	—
B.16	Malaria ... ..	—	—	—	—	—	—	—	—	—
B.17	Syphilis and its sequelae	—	—	—	—	—	1	—	—	1
B.18	Other infective and parasitic diseases ...	—	—	—	—	—	—	—	—	—
B.19(1)	Malignant neoplasm, buccal cavity, etc.	—	—	1	1	—	1	1	3	7
B.19(2)	Malignant neoplasm, oesophagus ... ..	—	1	—	3	2	2	5	—	19
B.19(3)	Malignant neoplasm, stomach ... ..	—	—	7	3	1	5	6	5	26
B.19(4)	Malignant neoplasm, intestine ... ..	—	2	1	—	—	—	—	—	3
B.19(5)	Malignant neoplasm, larynx ... ..	—	—	1	—	—	—	—	—	2
B.19(6)	Malignant neoplasm, lung, bronchus ...	2	—	2	1	3	7	9	6	35
B.19(7)	Malignant neoplasm, breast ... ..	2	—	3	—	—	2	2	1	8
B.19(8)	Malignant neoplasm, uterus ... ..	—	1	—	—	—	3	1	2	7
B.19(9)	Malignant neoplasm, prostate ... ..	—	—	4	3	1	11	8	2	30
B.19(10)	Leukaemia ... ..	1	1	—	—	—	—	—	—	5
B.19(11)	Other malignant neoplasms ... ..	—	—	—	—	—	—	—	—	—
B.20	Benign and unspecified neoplasms	—	—	—	—	1	—	2	1	5
B.21	Diabetes mellitus ... ..	2	—	—	—	—	—	—	—	—
B.22	Avitaminoses and other nutritional deficiency	—	—	3	—	—	1	1	—	5
B.46(1)	Other endocrine, etc., diseases ... ..	—	—	—	1	—	1	1	—	4
B.23	Anaemias ... ..	1	—	—	—	—	—	—	—	—
B.46(2)	Other diseases of blood and blood-forming organs ... ..	—	—	—	—	—	—	—	—	—
B.46(3)	Mental disorders ... ..	—	—	—	—	—	—	—	—	—
B.24	Meningitis ... ..	—	—	1	—	—	—	1	—	5
B.46(5)	Other diseases of nervous system	—	—	—	1	—	—	—	—	—
B.25	Active rheumatic fever ... ..	—	—	—	—	—	—	—	—	—
B.26	Chronic rheumatic heart disease	1	—	1	—	1	—	—	—	8
B.27	Hypertensive disease ... ..	7	7	32	2	9	2	3	3	20
B.28	Ischaemic heart disease ... ..	7	7	9	6	49	6	28	45	183
B.29	Other forms of heart disease ... ..	1	1	1	5	2	14	9	11	35
B.30	Cerebrovascular disease ... ..	8	1	35	3	5	26	23	32	133
B.46(6)	Other diseases of circulatory system	3	4	6	2	1	7	6	12	41
B.31	Influenza ... ..	—	—	3	1	2	1	—	6	11
B.32	Pneumonia ... ..	3	1	5	2	4	16	6	9	42
B.33(1)	Bronchitis and emphysema ... ..	2	—	7	4	2	4	4	4	32
B.33(2)	Asthma ... ..	1	1	—	1	—	—	—	—	11
B.46(7)	Other diseases of respiratory system	—	—	1	—	1	4	1	3	2
B.34	Peptic ulcer ... ..	—	—	—	—	—	—	—	—	—
B.35	Appendicitis ... ..	—	—	—	—	—	—	—	—	—
B.36	Intestinal obstruction and hernia	—	—	—	—	—	—	—	—	—
B.37	Cirrhosis of liver ... ..	1	—	—	1	—	—	—	1	2
B.46(8)	Other diseases of the digestive system	—	—	1	—	—	—	—	—	—
B.38	Nephritis and nephrosis ... ..	—	—	4	—	—	—	—	—	—
B.39	Hyperplasia of prostate ... ..	—	1	—	1	—	1	1	—	5
B.40	Other diseases, genito-urinary system	2	1	2	—	—	—	—	—	14
B.41	Abortion ... ..	—	—	—	—	—	—	—	—	—
B.46(10)	Other complications of pregnancy, etc.	—	—	—	—	—	—	—	—	—
B.46(11)	Diseases of the skin and subcutaneous tissue	—	—	—	—	1	—	—	1	1
B.42	Diseases of the musculoskeletal system	—	—	3	1	—	—	2	—	9
B.43	Congenital anomalies ... ..	—	—	—	—	—	—	—	—	—
B.44	Birth injury, difficult labour, etc.	—	—	—	—	1	—	—	—	3
B.45	Other causes of perinatal mortality	1	—	1	—	—	—	—	—	5
B.46	Symptoms and ill-defined conditions	—	—	2	1	—	—	1	2	6
B.47	Motor vehicle accidents ... ..	2	—	3	2	—	4	4	2	14
B.48	All other accidents ... ..	1	—	—	—	—	2	—	—	7
B.49	Suicide and self-inflicted injuries	—	2	—	1	1	1	—	—	6
B.50	All other external causes ... ..	—	—	—	—	—	—	—	—	2
Total ... ..		45	26	151	51	32	185	132	188	810
Infant deaths ... ..		1	1	5	1	2	7	2	5	24
Stillbirths ... ..		—	—	6	—	—	1	—	6	13

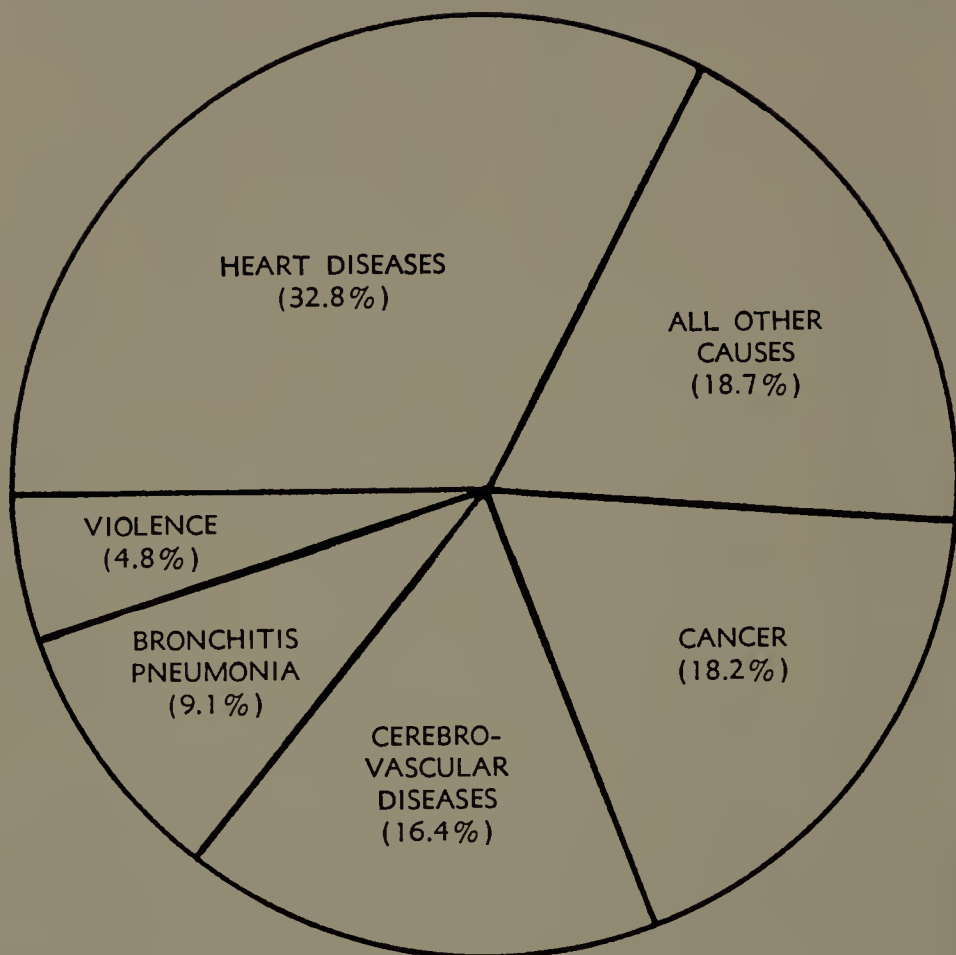
appellation "crude"), where as a matter of common experience mortality is correlated both to age and sex, comparisons of crude rates are invalid. Applying the area comparability factor given by the Registrar General to the crude death rate gives a standardized death rate of 13·0 per 1,000 population.

Tables 11—13 show the deaths according to the cause and classified by age at death and certain death rates by county and county districts respectively.



## The main causes of death

A summary of the deaths showing the principal causes is given diagrammatically below:



The Registrar General's codes used for compiling the above diagram were as follows:

<i>Disease</i>	<i>Registrar General's Code</i>
Cancer ... ..	B19(1) to B19(11)
Heart Diseases ... ..	B25 to B29
Cerebro-vascular Diseases ...	B30
Bronchitis and Pneumonia ...	B32. B33(1)
Violence ... ..	BE47 to BE50
All Other Diseases ... ..	B1 to 18, B20 to 24, B31, B33(2), B34 to 45, B46(1-11).

## EPIDEMIOLOGY

The notifications of infectious diseases during the year are set out below.

Tables 14 and 15 include cases diagnosed in Caernarvonshire hospitals and therefore notifiable to the Medical Officer of Health of the district in which the hospital is situate.

*Table 14*

### NOTIFICATIONS OF INFECTIOUS DISEASES, 1972

DISEASE	URBAN					RURAL			Total	No. of children of School age
	<i>Amlwch</i>	<i>Beaumaris</i>	<i>Holyhead</i>	<i>Llangefni</i>	<i>Menai Bridge</i>	<i>Aethwy</i>	<i>Twrcelyn</i>	<i>Valley</i>		
Diphtheria .....	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .....	—	—	—	1	—	1	2	—	4	3
Dysentery .....	—	—	—	—	—	—	—	—	—	—
Food Poisoning .....	—	—	—	—	5	—	—	—	5	4
Typhoid and Paratyphoid Fever .....	—	—	—	—	—	—	—	—	—	—
Measles .....	2	—	—	1	—	11	9	22	45	24
Whooping Cough .....	—	—	—	—	—	—	—	—	—	—
Pneumonia .....	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis .....	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Ac. Encephalitis (Post Inf.)	—	—	—	—	—	1	—	—	1	1
Erysipelas .....	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia .....	—	—	—	—	—	—	—	—	—	—
Malaria (cont'cted abroad)	—	—	—	—	—	—	—	—	—	—
Infective Jaundice .....	1	—	1	9	4	41	1	3	60	28
Ophthalmia Neonatorum...	—	—	—	—	—	—	—	—	—	—
Tuberculosis .....	1	—	8	1	2	3	4	6	25	3
Brucellosis .....	—	—	—	—	—	—	—	—	—	—

In Table 15 will be found the trend of notifications over the last 10 years.

With the exception of Infective Jaundice, the incidence of infectious diseases during the year continued at the low level generally experienced in this County. Cases of Measles showed the lowest incidence since 1960 when 39 cases were notified. The 60 cases of Infective Jaundice occurred throughout the Island, with the exception of Beaumaris, and mainly in Aethwy R.D.

There were no cases of Poliomyelitis or Diphtheria. This is the 23rd consecutive year in which no confirmed case of Diphtheria has been notified, and the 26th consecutive year in which no death has occurred from this disease.

Table 15  
NOTIFICATIONS OF INFECTIOUS DISEASES, 1963-72

DISEASE	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Diphtheria .....	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .....	24	30	32	12	5	14	40	6	2	4
Dysentery .....	38	3	16	25	13	68	25	19	—	—
Food Poisoning ...	—	3	19	5	4	11	2	51	2	5
Typhoid and Paratyphoid Fever.....	—	—	2	—	1	—	—	—	—	—
Measles .....	376	1221	164	762	816	255	141	403	547	45
Whooping Cough ...	—	54	5	2	27	12	6	6	4	—
Pneumonia .....	3	4	1	7	1	1	—	1	—	—
Ac. Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections .....	—	—	1	—	—	—	—	—	—	—
Ac. Enceph. (Post Inf.) .....	—	1	—	—	1	—	—	—	—	1
Erysipelas .....	1	—	—	—	—	1	—	1	—	—
Puerperal Pyrexia ...	3	4	—	2	4	1	—	—	—	—
Malaria* .....	1	—	1	1	1	1	—	—	—	—
Tuberculosis .....	26	36	33	26	10	19	21	23	17	25
Infective Jaundice ...	—	—	—	—	—	1	6	63	52	60
Ophthalmia Neonatorum .....	—	—	—	—	—	—	1	—	—	—
Brucellosis .....	—	—	—	—	—	—	—	1	—	—

\* Contracted abroad

Mortality from infectious diseases during the year is shown in Table 17, together with the trend of mortality over the past 10 years.

Table 16  
NOTIFICATIONS OF INFECTIVE JAUNDICE 1968-72

Year	Children (0-14 years)		Adults (15+ years)		Total
	No.	%	No.	%	
1968	—	—	1	100	1
1969	3	50.0	3	50.0	6
1970	43	68.3	20	31.7	63
1971	34	65.4	18	34.6	52
1972	36	60.0	24	40.0	60

Table 17

MORTALITY FROM INFECTIOUS DISEASES, 1963-72  
(including certain diseases which are not notifiable)

DISEASE	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Diphtheria .....	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .....	—	—	—	—	—	—	—	—	—	—
Typhoid and Paratyphoid Fever.....	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections .....	—	—	—	—	—	—	1	—	—	1
Ac. Enceph. (Post Inf.) .....	—	—	—	—	—	—	—	—	—	—
Ac. Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—
Measles .....	—	1	—	1	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—
Influenza .....	—	1	1	13	4	—	8	12	1	11
Diarrhoea under 2 years .....	2	—	—	—	—	1	—	—	1	1
Infective Jaundice ...	—	1	—	—	—	—	—	—	—	—
Dysentery .....	—	—	—	—	1	—	—	—	—	—
Tuberculosis .....	5	5	3	3	4	3	3	2	2	3

### Venereal Diseases

Five new cases of syphilis, 18 of gonorrhoea and 78 of other venereal conditions were seen at the Caernarvon and Anglesey Clinic or at St. David's Hospital during the year.

Table 18

NEW CASES—ANGLESEY

Year	Syphilis	Gonorrhoea	Other Venereal Conditions
1963 .....	9	7	38
1964 .....	8	8	47
1965 .....	4	15	48
1966 .....	4	17	38
1967 .....	3	13	44
1968 .....	2	10	43
1969 .....	5	8	48
1970 .....	1	13	63
1971 .....	3	22	81
1972 .....	5	18	78

It is important to note that whereas the education of the public relating to the venereal diseases has tended to stress the excellent results obtained by treatment, there are still existing deficiencies and dangers, particularly from failure of early diagnosis, and the fact that a disease of unknown cause (so-called non-gonococcal or "non-specific" genital infection) is now the commonest of this group of infections and remains highly resistant to treatment. The resistance to treatment of the latter is not generally known by the public at large.



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**Part II**

**SERVICES PROVIDED UNDER  
THE NATIONAL HEALTH SERVICE  
ACTS, ETC.**

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## HEALTH CENTRES

At the end of the year there was one Health Centre in the County at Beaumaris, which was opened in January, 1969. The adaptation of the previous clinic premises has proved to be a most successful and worthwhile venture.

Negotiations relating to the provision of a Health Centre in Holyhead which were re-opened early in 1971 continued and by the end of the year, following agreement by all parties involved it was hoped to invite tenders early in the New Year. I do, however, regret to report that after inviting tenders on three separate occasions the only tender received was considerably in excess of the approved cost of the project. Following further consideration of this matter on the 19th July, 1973, the Health Committee resolved as follows:

“Resolved — with considerable regret that no further action be taken by the County Council as Health Authority but to express to the new Area Health Authority the hope that it will give priority to the consideration of this matter.”

During the year consideration was given to the provision of a small Health Centre at Llanfairpwllgwyngyll and the Health Committee resolved that the project be included in the Capital Building Programme for 1974/75. Following representations with regard to the urgent need for the provision of such an establishment in the area it was subsequently resolved, that subject to appropriate approval being obtained, the Health Centre project be advanced to the 1973/74 Capital Building Programme. During the drafting of this Report I have, however, been informed that loan sanction has not been approved for the financial year 1973/74 and that further consideration will be given to the project during the year 1974/75.

## VACCINATION AND IMMUNISATION

At the beginning of the year, the Council's proposals under this heading provided for vaccination and immunisation against the following diseases to be made available to the public:

Whooping Cough, Diphtheria, Tetanus, Poliomyelitis,  
Measles, Smallpox and Rubella.

B.C.G. vaccination is referred to in the section of this Report dealing with Tuberculosis.

The recommended protective measures, devised to afford the fullest protection of children, are as follows:

At age	4 months	...	1st Whooping Cough / Diphtheria/Tetanus 1st Oral Poliomyelitis
„	6 months	...	2nd Whooping Cough/Diphtheria/Tetanus 2nd Oral Poliomyelitis
„	10 months	...	3rd Whooping Cough/Diphtheria/Tetanus 3rd Oral Poliomyelitis
„	12 months	...	Measles



At age 5 years or School Entry	Diphtheria/Tetanus Booster Oral Poliomyelitis Booster
„ 11 years (girls only)	Rubella (German Measles)
13 years ...	B.C.G.
„ 15/16 years or on leaving school ...	Oral Poliomyelitis Booster Tetanus Booster
The expectant mother	A course of Poliomyelitis vaccine.

A personal record card, printed bilingually (Welsh and English) setting out this programme, is available for issue to all mothers.

Full details of the number of children immunised during the year are given in Table 19.

### **Diphtheria, Whooping Cough and Tetanus Immunisation**

Triple antigen (diphtheria/whooping cough/tetanus) continues to be the most popular form of protection against these diseases, and 1,024 children were immunised with this combined vaccine during the year, compared with 871 in 1971.

In addition, a few other children who did not receive triple antigen were given primary immunisation against these diseases individually, i.e., 78 against tetanus.

“Booster” doses of vaccine were also given to children during the year as follows:

Against Diphtheria, 1,146, and Tetanus, 1,224.  
Single or combined vaccines were used according to the need.

### **Poliomyelitis Vaccination**

Only oral vaccine was used during 1972. 1013 children completed a primary course of vaccination during the year, and 1124 received a reinforcing dose compared with 1,076 and 1,162 respectively in 1971.

### **Measles Immunisation**

During the year 554 children were immunised against measles compared with 549 in 1971. Only 45 cases of measles were notified during 1972, the lowest since 1960, but the response is still disheartening as only one third of those children eligible in the one year old age group are being protected against this disease.

In order that this distressing disease may be eliminated from the community as was diphtheria, parents are earnestly requested to ensure that their children are protected against measles at the age of twelve months immediately following the completion of the protective measures against diphtheria, whooping cough, tetanus and poliomyelitis.

### Rubella (German Measles) Immunisation

This particular protective measure is now made available only to girls, aged 11 years.

During the year the total number of girls immunised was 325, of whom 309 were immunised at school and 16 by General Medical Practitioners, representing 74.4% of the cohort.

Table 19

NUMBER OF CHILDREN PROTECTED (PRIMARY COURSES OF VACCINE) AGAINST THE FOLLOWING DISEASES DURING THE YEAR 1972

<i>Year of Birth</i>	<i>Diph- theria</i>	<i>Whoop- ing Cough</i>	<i>Tetanus</i>	<i>Polio- myelitis</i>	<i>Measles</i>	<i>Rubella</i>
1972 .....	56	56	56	60	5	—
1971 .....	775	775	775	758	348	—
1970 .....	122	122	123	115	121	—
1969 .....	23	23	25	20	32	—
1965-68 .....	48	48	60	55	45	—
1956-64 .....	—	—	63	5	3	325
TOTAL .....	1,024	1,024	1,102	1,013	554	325
No. of Booster doses given .....	1,146	—	1,224	1,124	—	—

Based on records actually received by the end of the year, at least 77.1% of children born in 1971 were immunised against Diphtheria and Whooping Cough and 75.6% against Poliomyelitis.

The following table shows the percentages of Anglesey children born in 1970 and immunised by the end of 1972, compared with those of Wales and of England and Wales:

Table 20

<i>Vaccine</i>	<i>Anglesey</i>	<i>Wales</i>	<i>England and Wales</i>
Whooping Cough .....	76	75	78
Diphtheria .....	76	77	81
Poliomyelitis .....	80	78	80

## Smallpox Vaccination

As indicated previously smallpox vaccination, as a routine procedure in early childhood, was withdrawn from the Immunisation Programme as from 1st August, 1971.

During the year, vaccination records received indicated that 39 children were given primary vaccinations and a further 39 children were re-vaccinated, compared with 368 and 70 respectively in 1971. In addition 5 persons over the age of 15 years were given primary vaccination and 20 were re-vaccinated, compared with 42 and 112 respectively in 1971.

## TUBERCULOSIS

25 new notifications of Tuberculosis (including three children) were received during the year (21 respiratory and 4 non-respiratory) and 3 deaths were registered. No patients suffering from Tuberculosis came to Anglesey from another local authority area during the year. Hospital admissions in 1972 totalled 15.

It is disturbing to note that the number of new cases during the year was the highest since 1966 with 8 more cases being notified than in 1971. It is, therefore, hoped that these factors are not the initial signs of a reversal in the general downward trend which has continued over the past few years in the number of new patients found to be suffering from Tuberculosis.

Following the retirement of Dr. J. Glyn Jones, I am pleased to report that Dr. N. G. Hodges, M.B., M.R.C.P., was appointed Consultant Physician with responsibility for the Chest Services of the area as from 1st July, 1972. The following report has been submitted by Dr. Hodges:

"The small fairly constant number of cases of tuberculosis notified each year indicates that the rate of reactivation of old healed tuberculous lesions is reasonably constant also. These cases give rise to primary lesions in children contacts. Factors causing reactivation are clear in only a minority of cases (e.g., diabetes, gastric surgery) and it seems this rate will continue as it has done for the last ten years. As the population ages and more adults will have had B.C.G., or a treated primary lesion, the situation may change. For the time being, however, resources must be directed to the diagnosis of these cases at an early stage so that trouble free treatment, often entirely at home, can be arranged. Early diagnosis also reduces contact infections but screening of such people remains very necessary. Towards early diagnosis, open chest x-ray facilities have provided an extremely simple and effective means of screening any case in which there is any clinical suspicion of disease. More obvious cases will continue to be referred to the Chest Service. Unfortunately, a number of patients have minimal symptoms with the condition or do not consult their general practitioner until late in the disease and one wonders whether a publicity campaign about the effectiveness of modern treatment might help in bringing such patients to medical attention at an earlier date.

"The Chest Department is being integrated with General Medicine with obvious advantages for both Services. Clinically the Chest Department is undertaking a study in conjunction with the British Tuberculosis and Thoracic Association of shorter antituberculous chemotherapy periods with newer and more effective drugs. More patients are managing entirely on domiciliary chemotherapy with close clinic supervision. Many patients have in the past been successfully treated in Abergele Hospital but this is certainly too far for patients from Anglesey and I am hoping that with re-arrangement of hospital beds, due to the integration of Chest Medicine and General Medicine, there will be facilities for hospitalised tuberculous patients near to home.

"We have an opportunity with the re-organising Health Service in Gwynedd to set up an efficient system of liaison between the Physicians responsible for Tuberculosis and the community services essential to its detection and management. I and my colleagues in the present local authorities will be looking in detail at this problem between now and 1974."

### Care and After Care

Following the reorganisation of the Management Structure of the Nursing Services it is now the routine practice for the Nursing Officer (Health Visiting) to undertake the initial visit to a newly notified case of Tuberculosis in order to obtain the environmental history and to arrange for the follow-up examination of contacts. During the year 251 such visits were carried out by Nursing Officers. In addition 465 visits were carried out by Health Visitors to patients suffering from Tuberculosis.

At the end of the year there was a total of 162 patients on the Tuberculosis Register and Table 21 gives the distribution of such patients throughout the County:

Table 21

<i>District</i>	<i>No. of Patients on Register at 31.12.72</i>
Amlwch .....	11
Beaumaris .....	8
Holyhead .....	43
Llangefni .....	12
Menai Bridge .....	11
Aethwy .....	27
Twrcelyn .....	20
Valley .....	30
Total .....	162

It is the practice to urge the immediate household and family contacts of a new case to submit to examination by the Chest Physician. During the year 213 contacts of 25 new cases were examined in this way.

The number of cases (whether by notification or otherwise) and the number of contacts examined at the chest clinic were as follows:

	1971	1972
New and "transferred" cases of tuberculosis:	19	25
Contacts examined:		
Children .....	78	62
Adults .....	130	151

Under the Council's scheme for the provision of extra nourishment supplies of milk were provided free of charge to 16 patients during the year.

### B.C.G. Vaccination of Contacts

In Table 22 is set out the work done during the year in the routine testing and vaccination of young contacts of notified cases of Tuberculosis. Since vaccinations commenced in 1949 a total of 3,101 contacts have been vaccinated with B.C.G.

Table 22. B.C.G. VACCINATION OF CONTACTS, 1972

<i>Age Groups</i>	<i>Total Tested</i>	<i>Multiple Puncture</i>		<i>Vaccinated</i>	<i>Refusal of Test and/or vaccination</i>
		<i>+ ve</i>	<i>— ve</i>		
Newborn .....	—	—	—	27	—
Others under 5 years .....	31	4	27	27	—
5-9 years .....	19	5	14	14	—
10 years and over	12	4	8	8	—
Totals .....	62	13	49	76	—

### B.C.G. Vaccination of Schoolchildren

As a preliminary to B.C.G. vaccination children aged 13 years are given a multiple puncture tuberculin test. Those who react to this test may do so because they are at the time suffering from the disease or alternatively the positive reaction may be nothing more than the last remaining evidence of an infection with the germ of Tuberculosis acquired at some time in the past and long since overcome. A chest X-ray will detect current disease so that it can be treated.

Towards the end of the year a revised "Medical Memorandum" on B.C.G. vaccination, prepared with the advice and approval of the



Joint Committee on Vaccination and Immunisation, was issued. As a result of the information contained in this Memorandum it was possible to include in the current B.C.G. Vaccination programme at secondary schools the offer of vaccination to Head Grade 1 reactors. The age range has also been extended to include children aged 10 to 13 years, at the discretion of the Medical Officer of Health, and consideration will therefore be given to the inclusion of children aged 12 years in the 1973 Vaccination programme.

In 1972 B.C.G. vaccination was offered to children attending County Secondary Schools who were eligible in accordance with Welsh Board of Health Circular 19/64.

Details of the work undertaken during 1972 are as follows:

Table 23

SCHOOL	No. Skin Tested	RESULTS		No. given BCG Vaccination	No. re-skin tested (previously given BCG)	RESULTS		No. given Further BCG Vacc.
		Posi- tive	Nega- tive			No. con- verted to posi- tive	No. not con- verted (nega- tive)	
Sir Thomas Jones School, Amlwch ...	122	10	112	116	178	171	7	25
David Hughes Secondary School, Menai Bridge .....	135	28	107	122	120	86	34	42
Holyhead County Secondary School...	199	17	182	193	214	190	24	42
Llangefni County Secondary School	134	8	126	134	191	178	13	18
Ysgol Cefni .....	5	—	5	5	1	—	1	1
Totals .....	595	63	532	570	704	625	79	128

It was considered necessary to refer twelve children with positive skin tests results to the Chest Clinic for further investigation. All twelve chest X-ray results were satisfactory.

### Tuberculin Testing of School Entrants

Since 1957 annual routine testing of primary school children has been carried out. The test used is the Multiple Puncture Test which is applied by the nursing staff. This procedure serves several purposes:

- It facilitates the detection of those children who are likely to be suffering from tuberculosis.
- It assists in assessing the level of infection in the community.
- When repeated annually it indicates when a child "converts" from being tuberculin negative to tuberculin positive and so selects those children needing surveillance.

- (d) The finding of a positive reaction in a young child invariably assists in tracing undiscovered sources of infection in the community.

During the year 6,833 children were given routine M.P. tests in primary schools, compared with 5,863 in 1971. Of the 1,380 children who had never been M.P. tested previously or given B.C.G. vaccination as contacts 1.9% (2.8% in 1971) were found to be positive reactors, compared with 4.1% (5.4% in 1971) of those previously M.P. tested and 12.8% (13.3% in 1971) of those given B.C.G. at birth or as contacts before admission to school.

It was considered necessary to refer seven children with positive skin tests to the Chest Clinic for further investigation. Six chest x-ray results were satisfactory, but the other child was subsequently notified as suffering from respiratory Tuberculosis.

Details of the work undertaken in 1972 are set out in Table 24.



Table 24

Primary School	No. Skin Tested (Entrants)	Results		No. Re-Skin Tested	Results	
		Positive	Negative		Positive	Negative
Aberffraw CP	9	1	8	51	1	47
Amlwch CP	100	2	98	303	21	247
Beumaris CP	25	—	25	183	8	152
Benllech CP	80	—	80	165	3	141
Bodedern CP	20	—	20	121	2	106
Bodffordd CP	5	—	5	45	1	32
Bodorgan CP	12	—	12	63	—	52
Bryngwran CP	11	—	11	58	4	51
Brynsiencyn CP	13	—	13	79	6	64
Caergeiliog CP	50	1	49	138	7	117
Carreglefn CP	3	—	3	27	3	21
Cemaes CP	57	1	56	130	5	107
Dwyran CP	9	1	8	40	2	37
Gærwen CP	20	—	20	83	2	58
Gwalchmai CP	23	—	23	137	5	119
Kingsland CP	27	—	27	115	3	103
Llaingoch CP	27	—	27	111	3	104
Llanallgo CP	30	1	29	123	8	92
Llanbedrgoch CP	2	—	2	36	—	29
Llanddeusant CP	14	—	14	51	3	39
Llanddona CP	8	—	8	41	3	34
Llandegfan CP	23	—	23	88	12	72
Llandrygan CP	6	—	6	26	—	22
Llanedwen VP	6	—	6	40	—	32
Llanerchymedd CP	38	—	38	112	7	96
Llanfachraeth CP	10	—	10	45	1	36
Llanfaethlu CP	13	—	13	38	4	29

Table 24—continued

Primary School	No. Skin Tested (Entrants)	Results		No. Re-Skin Tested	Results		
		Positive	Negative		Positive	Results	
						Positive (BCG prev.)	Negative
Llanfairpwll CP ...	57	5	52	264	12	53	199
Llanfawr CP ...	89	1	88	329	10	46	273
Llanfechell CP ...	22	—	22	64	6	8	50
Llangaffo VP ...	1	—	1	25	—	3	22
Llangefni CP ...	35	—	35	372	5	40	327
Llangefni VP ...	18	—	18	32	—	—	32
Llangoed CP ...	15	—	15	80	8	2	70
Llangristiolus CP ...	11	—	11	56	2	13	41
Llanrhuddlad CP ...	9	—	9	58	1	6	51
Menai Bridge CP ...	52	2	50	293	21	44	228
Newborough CP ...	20	—	20	98	6	21	71
Park CP ...	53	—	53	241	9	23	209
Pencarnisiog CP ...	25	3	22	62	3	12	47
Pentraeth CP ...	12	—	12	68	6	9	53
Penysarn CP ...	18	—	18	56	3	9	44
Rhoscolyn CP ...	26	—	26	80	—	4	76
Rhosneigr CP ...	34	1	33	83	1	13	69
Rhosybol CP ...	9	—	9	28	1	6	21
St. Gwenfaen ...	1	—	1	31	1	3	27
St. Mary's RC ...	29	—	29	134	4	12	118
Talwrn CP ...	5	—	5	33	4	1	28
Thomas Ellis VP ...	67	—	67	315	6	41	268
Ty Mawr CP ...	9	—	9	29	1	5	23
Valley CP ...	32	1	31	117	2	16	99
Ysgol Babanod, Y Tywyn ...	90	6	84	56	—	11	45
Ysgol Cefni ...	—	—	—	—	—	—	—
TOTALS	1,380	26	1,354	5,453	226	697	4,530



*Nursing Service Personnel*

## NURSING SERVICES

The year 1972 was one of consolidation following the complete reorganisation of the Nursing Services in 1971. The total attachment of Health Visiting and Domiciliary Nursing Staff to General Practitioners Group Practices has, as anticipated, resulted in a keener appreciation of the team members, of the skills and expertise of each discipline involved, and of the contribution each can make to improve the standard of care of the group patient population, which is the main objective.

### Health Visiting

The work undertaken by the Health Visitor is wide and varied, the main objective being the prevention of ill health and the promotion of positive mental and physical health by effective health education. She is now involved with people of all age groups, the elderly, the disabled and handicapped, the adolescent and the bereaved, as well as families with young children. By virtue of her training the Health Visitor is able to recognise deviations from the norm at an early stage; she is aware of "at risk" groups and potential "problems" and is able to advise, support, and refer to appropriate statutory and voluntary bodies so that action can be taken before a "crisis" situation arises.

A proportion of the Health Visitors' time is spent at clinics where screening tests, paediatric assessments, cytology, ante-natal, mothercraft and infant welfare sessions are held. She is also involved in many Group Practice surgery sessions working with the medical practitioners, but home visiting is still her best and most effective method of teaching "healthier living".

It has not been possible to recruit Health Visiting staff despite frequent advertising. It is hoped, however, that the sponsoring of Student Health Visitors by the County Council will eventually alleviate the staff shortage, thus ensuring that the Health Visitor has the time to do the job for which she is trained, i.e. the promotion of positive health. At the end of the year, there was one Nursing Officer (Health Visiting) and eleven full-time Health Visitors on the staff. Unfortunately as previously stated, there has been no success in recruiting Health Visitors to fill the five vacancies.

During the year, Health Visitors continued to visit Anglesey children in hospital, thus enabling them to obtain up-to-date information on modern methods of treatment and particularly those cases with whom they are concerned as the "link" between the hospital and the home so as to ensure the "continuity" of care.

Details relating to the work undertaken by Health Visitors during the year are given in Table 25.

Table 25

<i>Type of Case</i>	<i>Cases Seen</i>	<i>Total Visits</i>
Children born in 1972 .....	1,034	5,381
Other children under 5 years .....	3,027	7,467
Children between 5 and 16 years (excluding those seen as part of School Health Service) .....	204	397
Total Children .....	4,265	13,245
Persons aged between 17 and 64 years .....	232	411
Persons aged 65 and over .....	441	1,641
Total .....	4,938	15,297
Households—Tuberculosis .....	174	465
Households—Other Infectious Diseases .....	35	48
Households—Other Reasons .....	94	144
Total .....	303	657

<i>Type of Session</i>	<i>Sessions Attended</i>
Infant Welfare .....	480
Ante-Natal .....	191
Developmental Assessment .....	76
Health Education .....	86
G.P. Surgeries.....	257
Miscellaneous .....	134
Total.....	1,224
Case Conferences (at least 30 minutes duration):	
Social Workers .....	117
Hospital Staff .....	69
General Practitioners .....	1,088
Any Combination of Above .....	23
Others (none of above present) .....	87
Total.....	1,384

## HOME NURSING

The Home Nursing Service has no doubt, due to the attachment of nurses to General Practitioners Group Practices, become a more meaningful and organised service. With the employment of Nursing Auxiliaries the number of domiciliary visits to sick people has increased and the quality of care to the elderly has improved.



During the year Sister Enid Jones retired after 24 years service and the occasion was marked by the presentation to her of a silver tea service from her colleagues. Sister E. Craig of Llandegfan resigned due to her family moving to Hartlepool and Sister M. Hughes resigned as she is expecting a 'happy event' in April 1973. These Nurses will be greatly missed as their skill and devotion to their nursing duties was of the highest order.

The Department was fortunate in recruiting four Nursing Sisters, and the four new Nursing Auxiliaries who were appointed are proving most satisfactory. Although still below establishment at the end of the year I am convinced that the high standard of nursing care has been maintained.

At the end of the year the domiciliary nursing staff consisted of one Nursing Officer (Home Nursing and Midwifery), twenty Nurses, whose qualifications are given hereunder, sixteen of whom combine home nursing with midwifery, and twelve Nursing Auxiliaries:

S.R.N., S.C.M., Q.N. ....	5
S.R.N., S.C.M. ....	8
S.E.N., S.C.M. ....	3
S.R.N. ....	4

There were vacancies for one District Nurse Midwife and two Nursing Auxiliaries.

Table 26 shows the amount of work undertaken by the domiciliary nursing staff during the year:

Table 26

<i>Age Groups of Persons Treated</i>	<i>Place of Treatment</i>		<i>Totals</i>
	<i>Home and Resid. Homes</i>	<i>G.P. Surgeries, Health Centre</i>	
Under 5 years:			
Cases .....	106	206	312
Visits .....	548	343	891
5-64 years:			
Cases .....	856	1,237	2,093
Visits .....	14,150	2,031	16,181
65 years and over:			
Cases .....	1,421	170	1,591
Visits .....	39,964	358	40,322
Total Cases .....	2,383	1,613	3,996
Total Visits .....	54,662	2,732	57,394

In 1972 the number of patients treated increased by 1910 and the number of visits increased by 16,058 as compared with the previous year.

There were 1,591 patients who at the time of the first treatment during the year were aged 65 years or over involving 40,322 visits

(70.3% of the total) compared with 1,103 patients and 24,694 visits (59.7%) respectively in 1971.

No special provision is made for the home nursing of sick children, but 548 visits were paid to 106 children under the age of 5 at the time of the first treatment. Treatment was also given to 206 children in this age group by nurses at medical practitioners surgeries or health centre.

The Nursing Auxiliary works under the direct supervision of the District Nursing Sister, who is responsible to the General Medical Practitioner for all the nursing attention given to patients. Their visits are in the main to the elderly and chronic sick although "social" visits are also made to many old folk who live alone — by such visiting it is hoped that any deterioration in mental or physical health can be detected in the early stages and necessary help sought.

In-service training courses were attended by all Nursing Auxiliaries and I would like to take this opportunity of thanking the members of many disciplines who lectured so lucidly on their specialty.

During the year the Nursing Auxiliaries undertook 15,237 visits to 1453 patients who received general nursing care on 9,447 occasions, 4,160 bed baths, 1,516 dressings and 114 other forms of treatment. In addition they carried out 517 "social" visits to 285 persons and attended 649 sessions at general medical practitioners surgeries. No night nursing service was provided during the year.

The scheme for supplying disposable sheets to incontinent patients was continued, and is greatly appreciated by the patients themselves, the nurses and the General Practitioners. This service is particularly beneficial in a rural county such as Anglesey, where it would be very expensive and extremely difficult to organise any form of laundry service. During the year 29,286 disposable sheets were issued to 271 patients, and 130 incontinents to 40 patients.

### **Loan of Sick Room Equipment**

Each District Nurse has access to items of sick room equipment such as air rings, bed pans, urinals, bed rests, hot water bottles, and rubber sheeting which she may issue on loan to patients, as and when required, free of charge. Stocks of these items are held at the Department's premises in Amlwch, Beaumaris, Holyhead and Llangefni.

More expensive items such as hoists, commodes, rubber mattresses ripple beds etc., are stored centrally and are issued as and when the need arises.

During the year a further 382 items of sick room equipment were issued on free loan.



## MIDWIFERY AND MATERNITY SERVICES

### Births

The number of births *notified* by doctors and midwives during the year, classified by place of occurrence, was as follows:

Table 27

	<i>Live Births</i>	<i>Stillbirths</i>
At Home .....	22	1
St. David's Hospital .....	966	12
Gors Maternity Hospital .....	101	—
Private Nursing Homes, etc. ....	—	—
Totals .....	1089	13

In 1972 97·9% of all births took place in institutions.

The Council's midwives attended 22 confinements during the year. Six were midwives' booked cases and 16 were doctors' booked cases, the doctor being present at the time of delivery in 7 of these confinements.

### Analgesia in Domiciliary Midwifery

The number of domiciliary cases who received trilene analgesia during the year was 8. In addition pethidine was administered in 5 instances.

### Medical Aid

No midwife called in medical aid for any domiciliary case during the year.

### Midwifery Packs

About one gross of midwifery packs are used annually for domiciliary confinements and "early discharge" cases from hospitals.

### Domiciliary Care by Midwives

As soon as the expectant mother "books" for her confinement, the midwife undertakes ante-natal supervision and, unless the mother is reluctant to attend, all midwives in the county service are instructed to arrange for their cases to be seen periodically at the county ante-natal clinics. The midwives attend with their cases. In addition, they undertake regular ante-natal supervision of all persons booked, in the patients' homes. Midwives are also instructed, subject to the patients' agreement, to inform the family doctor of the pregnancy.

During the year domiciliary midwives undertook 2,858 ante and post-natal visits in addition to 5,789 visits to patients delivered in hospitals but discharged before the tenth day after confinement.

The domiciliary midwives attended the following cases, delivered in hospitals, who were discharged as follows:

Discharged within 2 days	...	...	...	149
„ „ 3-7 days	...	...	...	648
„ „ 8 or more days—	...	...	...	251
Total				1,048

### Ante-Natal Clinics

Ante-Natal clinics were held at three centres in the County as follows:

Holyhead	.....	Weekly
Amlwch	.....	Fortnightly
Llangefni	.....	Fortnightly

Details of attendances at these clinics are shown in Table 28. The Council's ante-natal clinics are staffed by Consultants from the local maternity hospital and by the Council's Midwives and Health Visitors. 100 sessions were held during the year.

Table 28

<i>Clinic</i>	<i>Number of Cases</i>			<i>Attendances</i>
	<i>Ante-natal</i>	<i>Post-natal</i>	<i>Gynaecological</i>	
Amlwch .....	266	48	—	524
Holyhead .....	598	67	—	1929
Llangefni .....	339	50	—	689
Totals .....	1203	165	—	3142

### Mothercraft and Relaxation Classes

The Mothercraft and Relaxation Classes which commenced at the Amlwch clinic towards the end of 1970 were extended to Holyhead and Llangefni early in the year.

By the end of the year 99 sessions had been held at the Amlwch, Holyhead and Llangefni clinics where there was a total of 299 attendances in respect of 78 expectant mothers who had 'booked' for a hospital confinement.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Infant Welfare Centres

A new Mobile Health Clinic, referred to later in this Report, was purchased by the County Council during the year and it came into operation on the 1st November, 1972. As a result six infant welfare clinics held in village halls, rented premises etc. at Aberffraw, Bryn-gwran, Cemaes, Llanfaethlu, Menai Bridge and Valley were closed due to the necessary facilities in these areas being provided by the Mobile Health Clinic.

The medical officers held 230 clinic sessions and health visitor<sup>s</sup> another 108 sessions during the year.

There were 1,547 children on the registers during 1972 and the total attendances numbered 5,345 a decrease of 96 compared with 1971.

Relevant details are shown below:

(1)	No. of centres provided at the end of the year (including the Mobile Health Clinic)	8
(2)	No. of children who attended centres during the year who were born in 1972 ... ..	619
	1971 ... ..	573
	1967-70 ... ..	355
		— 1,547
(3)	No. of children who first attended the centres during the year who, at their first attendance, were under 1 year of age ... ..	677
(4)	Total number of attendances made by children included in (2) during the year:	
	Under 1 year ... ..	3,993
	1 year but under 2 years ... ..	911
	2 years but under 5 years ... ..	441
		— 5,345

Details relating to Clinics held in the County are given in Appendix "C."

In addition to the Council's clinics, one voluntary clinic held at the R.A.F. Station, Valley, was supported during 1972 in that the local health visitors assisted free of charge at these sessions. At this clinic 148 children were seen during the year, the number of attendances being:

Under 1 year ... ..	210
1 year but under 2 years ... ..	56
2 years but under 5 years ... ..	33
	—
Total ... ..	299
	=====

## Mobile Health Clinic

A new Mobile Health Clinic was introduced into the County on 1st. November, 1972, to provide services for mothers and babies primarily in those rural areas where there is no permanent clinic or the public transport facilities to neighbouring clinics are non-existent or very poor.

The Mobile Health Clinic is a long caravan (27 feet) which is towed to a different location daily. It is a completely independent unit having its own gas, water and electricity supply. The accommodation comprises a small vestibule, a waiting area with seating for approximately 8 patients, 2 dressing cubicles, toilet, small interviewing room and a consulting room. The clinic is staffed by a Medical Officer, Health Visitor and Clinic Assistant.

The areas visited during the period to 31st. December, 1972, were Aberffraw, Bodedern, Bodffordd, Bryngwran, Brynsiencyn, Cemaes, Llandegfan, Llanddeusant, Llanddona, Llanfechell, Llangoed, Menai Bridge, Moelfre, Pentraeth and Valley. All were visited once a month, with the exception of Menai Bridge which was visited twice monthly.

An appointment system is used at the clinic in order to eliminate waiting time and as the waiting room accommodation is limited. The Health Visitor for the area concerned is responsible for arranging appointments through the clinic medical officer and all sessions on the Unit are held in the afternoons.

The main object of this new Clinic is to provide a comprehensive health care service for mothers and pre-school children residing in the more remote areas of the County and the following services are offered at **each visit**:

- Cervical Cytology.
- Developmental Assessments.
- Family Planning.
- Immunisation.
- Medical Examination of Pre-school Children.
- National Welfare Foods.

Mothers and children can, therefore, attend together and all aspects of health care are available in one visit, thus eliminating the necessity of having to attend two or three different clinics on separate occasions. The mother's time is therefore saved and she also knows that she can bring the children with her and whilst receiving advice, they can be looked after on the Unit — she does not even need to find a 'baby-minder' in order to attend the clinic.

On the whole the response to the Mobile Health Clinic has been very good and the need for this service has been confirmed by the attendance figures and by the expressions of appreciation from many mothers who have visited the clinic. During the period 1st. November to 31st. December, 1972 the total number of sessions held on the Unit was 31.

It is considered that much more publicity and education is needed in order to encourage a far greater number of persons in Social Class V to attend for Family Planning. Advice is free to all persons aged 16 years and over and supplies are provided free of charge to all "nursing mothers" and those considered to be in need on either medical or social grounds. There was a total of 41 attendances on the Mobile Health Clinic in respect of 38 married and 1 unmarried women. Further detailed information is given in the Family Planning Service section of this Report.

There has been a good response to the Cytology service with a total of 46 women attending the Unit, 20 of whom had smears taken as part of the family planning screening procedure. Details relating to those attending, in their respective age groups, are given hereunder but it is disturbing to note the small number in the age group particularly at risk i.e. 35-44 years:

Under 25 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55+ yrs.	Total
8	20	6	7	5	46

During the period stated 87 children under the age of five years also attended the Unit of whom 51 were under one year, 23 aged one year and 13 over 2 years of age. The total attendances was 133. General advice and guidance is given and medical examinations are carried out at the first attendance and during the first year of life. Children aged between one and five years are seen by arrangement and any particular problems or difficulties encountered by the mother can be discussed.

A total of 70 doses of single or combined diphtheria, whooping cough, tetanus, poliomyelitis or measles vaccines were given to those children attending the Mobile Health Clinic.

### Premature Births

Details of premature births notified in 1972 were as follows:

(a) Number of premature live births born:

(i) At home	...	...	...	...	...	...	3
(ii) In private nursing homes	...	...	...	...	...	...	—
(iii) In hospitals	...	...	...	...	...	...	71
							—
						Total	74
(iv) Number born at home who survived 28 days	...						2
(v) Number born in hospitals who survived 28 days	...						61

### Dental Care of Mothers and Young Children

Details of the dental services provided to these priority classes are set out in Table 29.



Table 29

<i>Treatments, etc.</i>	<i>Children under 5 years</i>	<i>Expectant and Nursing Mothers</i>
Patients inspected .....	183	88
„ offered treatment.....	125	85
„ treated .....	114	75
Total visits .....	132	124
Treatment provided:		
Teeth filled .....	78	163
Fillings .....	92	197
Teeth extracted .....	92	48
General anaesthetics .....	54	19
Patients X-rayed .....	1	10
Prophylaxis .....	10	41
Teeth otherwise conserved .....	26	—
Teeth root filled.....	—	9
Inlays .....	—	1
Crowns .....	—	1
Courses of treatment completed .....	100	50
Emergency visits by patients .....	14	7
Dentures supplied .....	—	3

**Mr. O. C. Jenkins, the Principal Dental Officer, comments on the Dental Health of pre-school children and of expectant and nursing mothers as follows:**

“I am pleased to report a noticeable increase in the numbers of expectant and nursing mothers seeking dental treatment this year and thus taking advantage of the Dental Services available. The increase in the number treated was 141·9% compared with a 19·2% increase the previous year. The number of children under five years of age treated also increased by 62·9% compared with the increase in 1971 of 6·1%

In addition, the Dental officers have carried out visits to the various Playgroups in the County where they have met young mothers with their children and offered the services provided by the authority. Many have been pleased to discuss their own and their child's dental health with the dentist and no doubt this will lead to still further co-operation between the public and the staff of the Department.”

### **Distribution of Welfare Foods**

In 1972 the following quantities of National Welfare Foods were distributed in the County:

National Dried Milk (Full Cream) .....	3,596 cartons
National Dried Milk (Half cream) .....	Nil
Cod Liver Oil .....	24 bottles
A. and D. Tablets .....	348 packets
Orange Juice .....	2,568 bottles
Vitamin A. D. and C. Drops .....	1,595 bottles

Cod Liver Oil and Orange Juice ceased to be Welfare Foods after the 30th April and 31st. December, 1971 respectively following the introduction of Vitamin A. D. and C. Drops for young children. The distribution of the aforementioned items continued until stocks were exhausted, hence the small quantities issued. It is again interesting to note the further reduction in the issues of National Dried Milk, the total during the year being 3,596 cartons compared with 6,090 in 1971 and 15,316 in 1968.

As previously reported it was decided, towards the end of 1971, to discontinue the sale of proprietary welfare foods and the remaining stocks of 512 packets of proprietary dried milk, 20 packets of other baby foods and 207 bottles of vitamin supplements were sold early in the year.

### **Deafness in Young Children**

The importance of the early recognition and treatment of deafness cannot be exaggerated. By this means alone can the resulting disability be minimized. Through the courtesy of the County Medical Officer of Caernarvonshire cases can be referred to the Audiology Clinic at Bangor held by Professor Sir Alexander Ewing.

Two pre-school aged children together with their parents attended the clinic regularly during the year.

### **Children at Risk**

Children on the "At Risk" Register are kept under strict supervision and development assessments are carried out about the age of one year. A number of children are removed from the register following this assessment, but those remaining become subject to further assessments in subsequent years or as often as appears desirable. At the end of the year there were 115 children on the register.

### **The Battered Baby**

The "Battered Baby Syndrome" is one of the large and complex problems related to the maltreatment of young children. Typically the battered baby is under the age of three years — in itself significant and the child suffers from repeated non-accidental injuries caused by the violence of another person, usually the parent or guardian.

The battered baby is young, often unwanted and in an insecure family environment, and is invariably a "difficult" baby, i.e. cries a lot, is difficult to feed and unresponsive — therefore caring for such an infant is irritating and unrewarding. The pre-natal period of pregnancy is frequently significant with a history of (a) refusal to the termination of pregnancy (b) neglect or absence of ante-natal care (c) difficult labour (d) separation from the mother during the neo-natal period (e) rejection on the part of one or both parents. The baby is either tense with a "worldly wise" expression or the opposite i.e. dull and apathetic and often is not the obviously "neglected" infant but appears well fed and meticulously kept.



The parents or guardians of "battered babies" delay seeking advice and when confronted, invariably have a plausible explanation for the infant's injury, the true cause of which is evaded with great dexterity. It is therefore important that all infant injuries are fully investigated as failure to recognize a battered baby often leads to further "battering."

In order to prevent the "battering" of an infant it is essential that all concerned with the health and welfare of young children are alerted to "at risk" families — those families who are known to be insecure and where there is a history of violence, as well as young, immature parents, found at all levels of society, intelligence and education, who possess a "common deficiency factor" of feelings of affection, acceptance and approval, which normal parents show toward their children.

The parents are usually 'loners', do not want to mix with other families, often try to live up to impossible ideals or feel themselves 'rejected'. It is therefore essential that all possible support is given to these 'at risk' families so as to eliminate any possibility of a child being 'battered'. Considerable research has been undertaken and is continuing into the "battered baby syndrome" and typical injuries are multiple fractures of the bones and cerebral damage. Any infant taken repeatedly to hospital with injuries giving cause for suspicion is an obvious case for thorough investigation.

## Congenital Malformations

Babies born with congenital malformations come to our notice through the medical staffs of the local maternity hospitals and through our own midwives and health visitors. This system works satisfactorily and 12 babies were registered during 1972 details of which are shown in Table 30.

Table 30

### CONGENITAL MALFORMATIONS

<i>Site of Defect</i>	<i>Number of Cases</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>
Central Nervous System .....	—	2†	2
Eye and Ear .....	—	1*	1
Alimentary System .....	1	1*	2
Heart and Circulatory System	—	1	1
Respiratory System .....	—	—	—
Urino-genital System .....	—	—	—
Limbs .....	2	2	4
Other Skeletal Systems .....	—	—	—
Other Systems .....	—	—	—
Other Malformations .....	1	1	2
Totals .....	4	8	12

† Includes one child with multiple defects.

\* Both children have multiple defects.

## Phenylketonuria

This rare inherited disorder, which, untreated, gives rise to severe mental subnormality, can usually be detected at an early age by a simple “nappy” test. In 1968, however, two false negatives were obtained and this disorder of metabolism was only detected some months later when the two children concerned were not showing the progress that was expected of them at their ages.

On 1st. October, 1969, therefore, arrangements were made in conjunction with the Pathologist at the Caernarvon and Anglesey General Hospital to introduce the Guthrie test which was more reliable. However, due to subsequent developments in this field, arrangements were made during 1970 with Professor Mahler, of the Medical Unit at the Welsh National School of Medicine, to subject specimens of urine-soaked filter papers from each newborn baby to the “Woolf Test.” This supersedes the Guthrie test and enables the detection of up to 20 or more disorders of metabolism at a very early age, when treatment could

be expected to be more successful. The results will enable the scientists at the School of Medicine to determine the true incidence of many metabolic diseases in the Principality and the prevalence of certain abnormal genes in the population.

Of the 1,022 Woolf tests carried out further tests were necessary with regard to 26 babies.

Details are shown in the following table:

Table 31  
WOOLF TESTS

<i>Test</i>	<i>Negative</i>	<i>Positive</i>	<i>Total</i>
First (soaked filter paper) ...	996	26	1,022
Second (liquid specimen) ...	23	3	26

Of the three babies positive to both tests

1 had cystinuria

2 had tyrosinuria.

### Developmental Assessment Clinics

In September 1971 a Developmental Assessment Clinic commenced at the Isgraig Clinic, Llangefni. During 1972, 90 children were invited to attend the 19 sessions held. 64 children attended and in the case of 35 their development was considered to be normal in every respect. Of the other 29 children, four were found to have a squint which required their referral to the Consultant Ophthalmologist and another child was referred to the Consultant Paediatrician. Four children were also referred for further examination by the Audiologist. One child was already under the care of the Consultant Orthopaedic Surgeon and another was referred for physiotherapy. It was considered desirable for one child to be admitted to Ysgol Cefni, Llangefni, on an informal basis and arrangements were made accordingly. No further action was considered necessary in respect of the other 17 children whose development may possibly be delayed. Arrangements will be made for all these children to be re-examined between the age of  $2\frac{1}{2}$ -3 years.

Dr. Gwyn Griffith, Consultant Paediatrician, continued to hold Developmental Assessment Clinics at St. David's Priory, Holyhead, until early June 1972, when, due to staffing difficulties, he had no alternative but to cancel any further sessions. In the period up to June nine sessions were held and 58 infants seen, whose parents were not entirely happy about their child's progress or management.

In the case of 43 of these children, the doctor was able to re-assure the mother that the child's development was normal. It was however

considered desirable for the other 15 children to be kept under observation for minor matters and arrangements were in fact made for them to attend for re-examination at the St. David's Hospital, Bangor or at the Stanley Hospital, Holyhead.

### **Parents Guidance Clinic**

Dr. G. M. Nicholl, Consultant Child Psychiatrist, has been holding monthly sessions at the Isgraig Clinic, Llangefni, since September, 1971, where the parents of handicapped children can be given expert advice on their management. The parents of twelve children were seen at the Parents Guidance Clinic during the year.

### **Cytology Service**

The cytology clinics which were established in May, 1967, continued to be held at Amlwch, Holyhead and Llangefni. Although the existence of this service has been well advertised through the local women's organisations, attendances during the year have yet again been most disappointing even though there was a slight increase compared with the previous year.

322 smears were taken during the year, 56 of which were dubious. None was positive.

The medical officers attending the Family Planning clinics continued to take cervical smears as in the past and this service was also available from the Mobile Health Clinic, to which I have previously referred.

### **Family Planning Service**

Since April, 1968 the Family Planning Service scheme has been organised through the agency of the North Wales Branch of the Family Planning Association and clinics are held at Amlwch (twice monthly), Holyhead (weekly) and Llangefni (weekly).

When the new Mobile Health Clinic came into operation it had been decided to include Family Planning in the comprehensive health care services to be offered on the Unit. It was also felt that many women and particularly 'nursing mothers' living in the more remote areas of the County would wish to take advantage of this 'on the spot' service, at the same time as other services were also available, without the inconvenience of having to travel to the 'permanent' single-purpose clinics at the main centres on the Island.

As from the 1st. November, 1972 the Family Planning Service in this County has therefore been provided on both an 'agency' basis, at fixed clinics, through the North Wales Branch of the Family Planning Association and as a 'direct' service from the Unit, by the medical and nursing staff of the department. The work being carried out by the medical and nursing staff and of voluntary workers of the Family Planning Association is invaluable and I am therefore pleased to record my sincere appreciation of their services.

On the recommendation of the Health Committee, towards the middle of the year, the County Council gave authority for the Family Planning Service scheme to be amended and as from the 8th June, 1972 the Family Planning Service has been available to all persons aged 16 years and over. In addition the Council's scheme authorises the provision of free advice and requisites to all 'nursing mothers' and on medicine or social grounds to those who are considered to be in need.

The following statistics, set out in Table 32, are provided by and relate to the work undertaken during the year by the North Wales Branch of the Family Planning Association:

Table 32

Clinic	No. of Sessions	Total Cases	New Cases	Free Advice and Treatment		Total Attendances
				Medical Criteria	Social Criteria	
Amlwch .....	24	155	99	21	29	274
Llangefni .....	48	249	98	45	2	560
Holyhead .....	51	270	133	110	2	605
Total .....	123	674	330	176	33	1,439

The North Wales Branch of the Family Planning Association also inform me that, in addition, 331 Anglesey residents attended the Bangor clinic and 47 at the St. Davids Hospital clinic, the number of new patients being 111 and 11 respectively. No statistics are available, however, with regard to the number of attendances by such persons.

As already stated the proposal to provide a Family Planning Service on the Mobile Health Clinic was implemented on the 1st. November, 1972 and by the end of the year 38 married and one unmarried women, had attended the Unit, the total attendances being 41.

Of the 39 patients seen, 27 were medical cases, 8 non-medical but needy and 4 other non-medical cases. One patient was under 20 years of age, 32 aged 20-29 years and six aged 30 to 40 years.

CHIROPODY

The Council's chiropody scheme continued to function satisfactorily, with all recipients being adequately catered for throughout the County. Patients are able to obtain treatment from a chiropodist of their choice selected from five qualified chiropodists who have agreed to serve on a panel for the purpose.

The Council resolved that as from the 1st. April, 1972 chiropody treatment be provided free of charge to those persons eligible to receive treatment under the County Council's scheme.



A total of 4,642 treatments were given to 1,227 patients, 2,590 of which were given in the patients' own homes, and 2,052 in the surgeries of the chiropodists. In addition 861 treatments were given to 148 of the residents in the Council's Homes for the Aged.

Although the scheme provides for chiropody treatment to expectant mothers, handicapped persons and the aged, in practice the demand has been confined almost entirely (98.1%) to the last group.

The demand in 1972 showed an increase of 29.3% compared with 4.5% in 1971, and relates to increases in domiciliary and residential home treatments.

There is no doubt that the noticeable increase in the number of chiropody treatments given this year is due to the withdrawal of the chiropody charges which I am sure deterred many elderly persons from seeking a treatment so essential to their comfort, hygiene and mobility.

## HEALTH EDUCATION

I am pleased to report that Mr. G. Morgan commenced duty as the first Health Education Officer for this Authority at the beginning of 1972. A sustained effort was made throughout the year to encourage full utilisation of available health services and to create a climate of opinion that might lead to the development of favourable community attitudes and behavioural patterns in matters concerning health.

The Health Education Officer visited some schools regularly to carry out a Health Education scheme of work with a class of children and it is hoped that such programmes will continue to be taught in those schools in the future by the teachers who will maintain a close liaison with the Health Education Officer. Assistance will also be given in compiling programmes, deciding on lesson content and the provision of visual aids. It is very encouraging to note that requests for Health Education services have also been received from schools which the Health Education Officer had not visited on a regular basis.

Close liaison was maintained with clinic staff and Health Visitors in particular, were active in planning Health Education programmes and demonstrations. In addition lectures and demonstrations were given by officers of the Department to a wide variety of community groups such as senior citizens, women's and youth clubs.

The following lectures were given by the Health Education Officer himself during the year:

Cancer Education .....	5
Accident Prevention .....	5
Smoking and Health .....	9
Personal Relationships .....	11

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Total..... 30

During March an exhibition of children's work, submitted to the St. David's Day Health Education Competition, was held in five different establishments in the County. In August the Mobile Display Unit of the Health Education Council visited Anglesey and a "Planned Parenthood" exhibition was staged at the County's annual Agricultural Show. Before this exhibition was staged an 'in-service' training course or workshop period, on audience control, teaching techniques and questions for health visitors was held in collaboration with the Health Education Council. During the Show days the health visitors concerned discussed the problems of birth control and family planning with some 700 people.

## **LAUNDRY SERVICE ALLOWANCE SCHEME**

As from the 1st. April, 1972 the Council approved the implementation of a Laundry Service Allowance Scheme.

The purpose of the scheme is to provide financial assistance, up to a maximum of £1 per week per person, in respect of laundry facilities for those severely handicapped, young chronic sick and elderly persons who require constant nursing attention at home.

During the year 36 applications were received, 16 of which were approved, but only five persons however, subsequently submitted the necessary claim forms.

## **AMBULANCE SERVICE**

The ambulance service in the County is provided from four ambulance stations, one of which is also the Ambulance Control.

The stations at Llangefni (three ambulances), Holyhead (control and four ambulances) and Amlwch (two ambulances) are manned throughout the 24 hours, whilst the station at Llangoed (one ambulance) is manned from 8.00 a.m. to 8.00 p.m. daily.

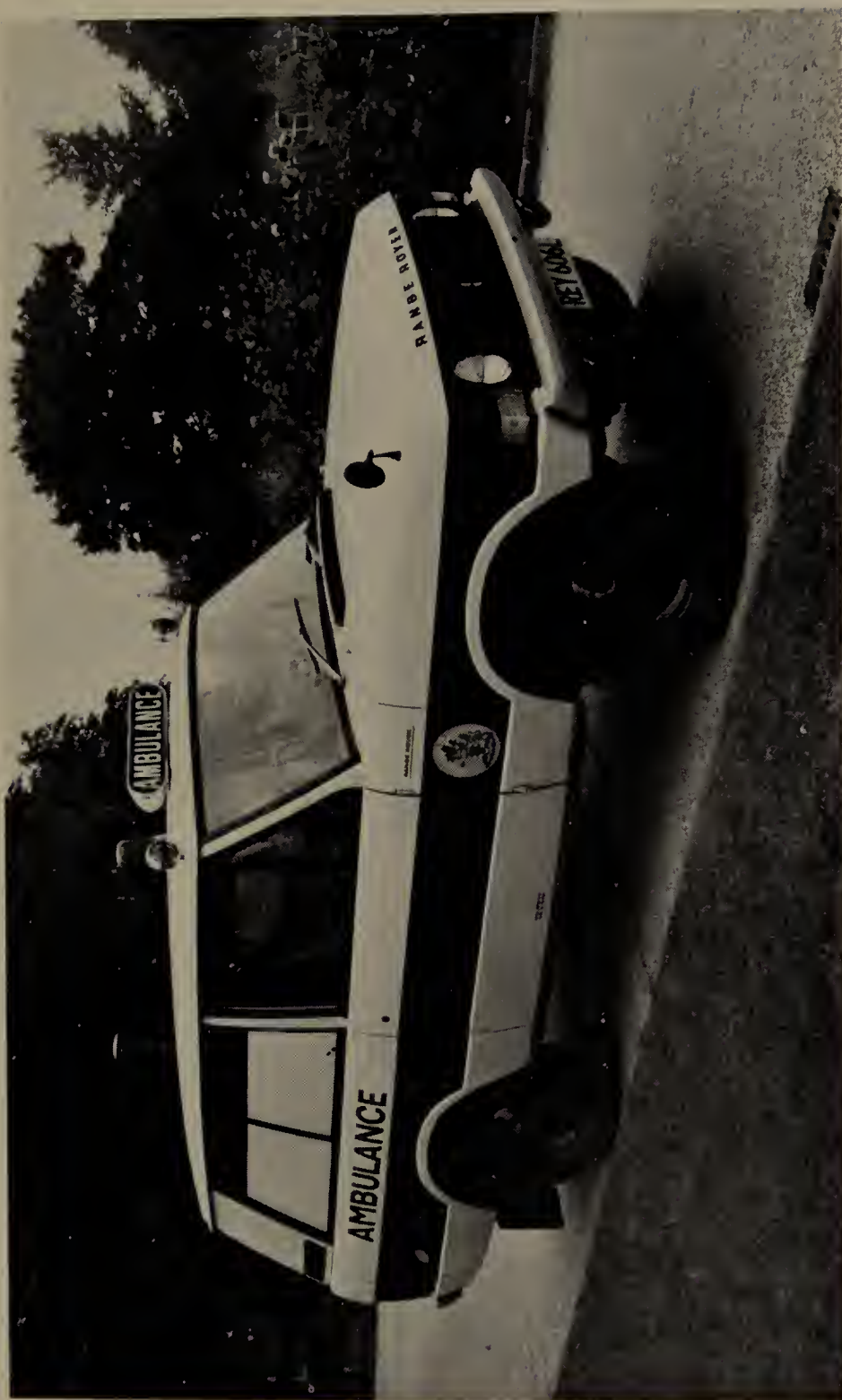
The operational staff consists of four Leading Ambulancemen and 24 Ambulancemen. Ambulances operate with a two-man crew except during holidays and sick leave, when some ambulances have to be despatched with a driver only.

During the year 19,682 patients consisting of 17,028 general cases, 1,977 emergency admissions, 491 maternity, 184 road traffic accidents and 2 with infectious diseases were conveyed by ambulance and sitting case car as compared with 16,304 in 1971.

Thus during 1972 in each period of 24 hours, the average number of patients carried was 53 and the average number of accident and emergency cases was 7.

The mileage covered was 459,911 as compared with 402,161 in the previous year. The average mileage per journey and per patient carried in ambulances showed a decrease, whilst those for sitting case cars showed a decrease in the average mileage per patient carried but an increase in the average mileage per journey.





*Ambulance Service—new Range Rover Ambulance*

During the year there was a complete review of the conditions of service of Ambulance Service personnel who were still subject to the conditions of service which covered Fire Service personnel even though the Ambulance Service was transferred to the control of the County Medical Officer from the Chief Fire Officer in 1950. Other reasons warranting this review are that during the recent years amendments to the Fire Service conditions of service have posed complicated assimilation problems particularly following the recommendations of the Cunningham Report which introduced special emphasis on qualifications and other matters specifically related to the Fire Service, in addition to the forthcoming Re-organisation of the National Health Service as from 1st. April, 1974.

As a result of the review the Ambulance personnel were transferred to the conditions of service of the National Ambulancemen's Council as from 1st. October 1972. This new arrangement necessitated the appointment of four additional full-time ambulancemen and the purchase of an additional ambulance which was placed at the Amlwch Ambulance Station. It was also possible in view of the number of personnel now employed to include in the establishment four Leading Ambulancemen, two of whom are based at Holyhead Ambulance Station and Control, one at Llangefni and one at Amlwch.

I am very pleased indeed to report that the first Range Rover Ambulance in this County was purchased during the year and delivered in September. This vehicle which is fully equipped will be an invaluable asset to the Ambulance Service and will enable those patients who are required to travel long distances to hospital for treatment to be conveyed in comfort. As this vehicle also has a four wheel drive it has the added advantage over other ambulances in the Service of being able to negotiate difficult terrain and beaches on the Island.

In 1971 a directive was sent to all ambulance authorities stating that the Ministry of Posts and Telecommunications had formulated a "national plan" for ambulance radio communications. Authorities were therefore requested to re-organise their ambulance radio communication systems in order to conform with the national plan.

In view of this and the fact that most of the existing radio telephone equipment was over ten years old and required replacing the Council approved the necessary expenditure on the purchase of new equipment in 1972.

I am therefore pleased to report that during the year a completely new radio telephone communications system was installed in the County Ambulance Service under the expert guidance of Mr. R. Pierce Jones, the Council's Electrical Maintenance Officer. I would therefore like to express my sincere appreciation and thanks for all the advice and assistance given and work undertaken by Mr. Jones who has submitted the following report:

"The Anglesey Ambulance Service has now been fitted with new High Band F.M. radiotelephone equipment and crystals fitted for the 'Anglesey' Channel and the 'National Emergency Reserve' Channel. The main mast and aerials, together with base station equipment, is

situated at the Gwalchmai Reservoir site and the control of all mobiles is established by remote control from the Ambulance Control at the St. David's Priory, Holyhead via one pair of land lines which are rented from the Post Office Telephones.

The scheme is one of the most sophisticated of its kind and incorporates individual tone calling for all mobiles and an electronic digital display at Ambulance Control, Holyhead allows the Controller to identify any mobile which is transmitting. This facility speeds up communications and saves valuable minutes in establishing preliminary identification and exchanging call signs. The controlling of a larger number of mobiles, e.g. when the doctors are added to the scheme, will also be simplified and be more efficient.

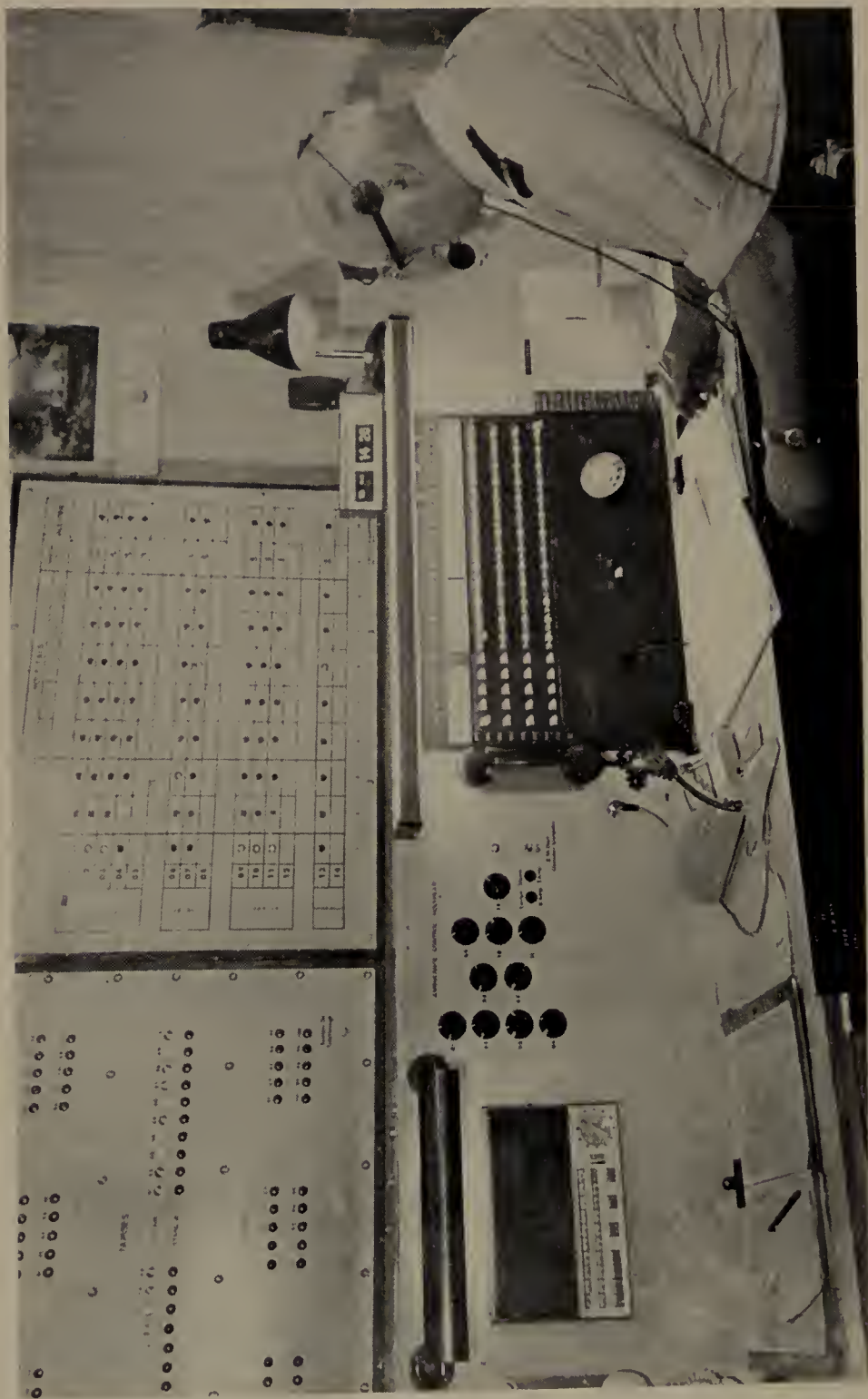
A further 20 radiotelephones have been purchased for use in the private vehicles of the Health Departments nursing staff as the County Council's Nursing Service and the Islands general medical practitioners have been given special permission by the Welsh Office to use the same frequency as the Ambulance Service.

A 100 lamp, manually operated, ambulance location board has been integrated into the control console at Ambulance Control, Holyhead. This is a simple logic switching device which indicates, at a glance, the general location and availability of all ambulances on and off the Island. This has already proved to be of operational value and will be even more so when other services are introduced on to this channel.

A number of 'fail-safe' systems have been incorporated into the scheme which will guarantee a high degree of continuity of communications.

The Emergency Reserve Channel for Anglesey is fully operational and in the event of a major disaster occurring all ambulances, being deployed specifically to this task, can now be instructed to switch to Channel 2 and be controlled by a specially appointed Emergency Controller, thus allowing the County Ambulance Service to continue normal functions.

Finally the design of the system and the versatility of the equipment chosen, lends itself readily to accommodate future developments in electronic devices such as heart pacers, data transmission etc., and the proposed reorganisation of the National Health Service in 1974 was kept in view throughout the project."



*Radiotelephone Control Console—Ambulance Control, Holyhead*



Table 33 provides information on the work undertaken by the County Ambulance Service in 1972:

Table 33

1972	AMBULANCES			SITTING CARS		
	<i>Patients</i>	<i>Journeys</i>	<i>Mileage</i>	<i>Patients</i>	<i>Journeys</i>	<i>Mileage</i>
First Quarter .....	2,746	1,104	42,006	2,187	1,141	65,875
Second Quarter .....	3,036	1,273	46,925	2,077	1,144	71,006
Third Quarter .....	2,855	1,263	47,528	2,018	1,093	69,887
Fourth Quarter .....	2,898	1,247	50,444	1,865	1,052	66,240
Totals .....	11,535	4,887	186,903	8,147	4,430	273,008
			AMBULANCES	SITTING CARS		
Average mileage per journey .....			38.24	61.63		
Average mileage per patient carried .....			16.20	33.51		

Comparable statistics relating to the work undertaken in the years 1952, 1962 and 1972 are given hereunder:

Table 34

Years	AMBULANCES			SITTING CARS		
	<i>Patients</i>	<i>Journeys</i>	<i>Mileage</i>	<i>Patients</i>	<i>Journeys</i>	<i>Mileage</i>
1952 .....	6,845	3,536	119,193	3,593	2,622	107,448
1962 .....	5,510	2,996	113,310	5,282	3,088	143,897
1972 .....	11,535	4,887	186,903	8,147	4,430	273,008
Average mileage per journey:			AMBULANCES	SITTING CARS		
1952 .....			33.7	40.97		
1962 .....			37.84	46.51		
1972 .....			38.24	61.63		
Average mileage per patient carried:			AMBULANCES	SITTING CARS		
1952 .....			17.4	29.90		
1962 .....			20.56	27.24		
1972 .....			16.20	33.51		

## OTHER MISCELLANEOUS SERVICES

### Nursing Homes

The County Council is the responsible authority for the registration and supervision of Nursing Homes under the Public Health Act, 1936, as amended by the Nursing Homes Act, 1963.

There is only one registered Nursing Home in the County, and 16 beds (non-maternity) are provided. The premises are regularly inspected by the Director of Nursing Services.

### Ascertainment of Blindness

The welfare of the blind and partially-sighted in this County became the responsibility of the Director of Social Services as from 1st May, 1971, under the Local Authority Social Services Act, 1970.

By the end of the year 37 persons had been referred to Consultant Ophthalmologists for examination as a result of which 23 were certified as blind, 8 as partially-sighted, and 6 persons were found to be neither blind nor partially-sighted.

### The Motor Vehicles (Driving Licences) Regulations, 1970

During the year, at the request of the Local Taxation Officer, enquiries were carried out in respect of nine applications received relating to Regulation 22(2) (Epilepsy and Driving) of the above Regulations.

It was recommended that six applications be granted and that one be refused. Two applications were subsequently withdrawn.

### The Nurseries and Child Minders Regulation Act, 1948

The registration and supervision of Playgroups is the responsibility of the Director of Social Services.

During the year, the nursing staff of the Department undertook 42 visits to the 22 registered Playgroups (460 places) in connection with the general health and hygiene of the children, and 294 were seen.

At the request of two Playgroup organisers, visits were carried out in relation to children with verminous heads and appropriate action was taken. The general level of health and the obvious happiness of the children attending would appear to indicate the need for such Playgroups.



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**Part III**

**ENVIRONMENTAL  
HEALTH SERVICES  
FOOD AND DRUGS**

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## MILK AND DAIRIES REGULATIONS

The County Council, as Food and Drugs authority, is responsible for the licensing of all dealers (including processors) in Untreated, Pasteurised and Sterilised Milk, and for the enforcement of the Regulations applicable thereto. These duties are performed by officers of the Consumer Protection Department on behalf of the County Medical Officer, who is the responsible officer.

At 31st December, 1972, 201 persons held dealers' licences issued by the County Council authorising the use of the special designation "Pasteurised" in relation to Milk sold by them. All Pasteurised Milk sold in the County is heat treated and bottled at a Creamery in Mochdre. 66 persons were registered by the Ministry of Agriculture, Fisheries and Food as producer-retailers.

During the year one pasteurisation plant was licensed for the processing, storage and sale of Pasteurised Milk. This is a small plant which at present is processing approximately 1,000 gallons of milk daily.

313 samples of Pasteurised Milk were taken, of which 5 failed the statutory tests. Of these failures 2 failed the Phosphatase Test, indicating that the milk had not been adequately heat treated, and 3 failed the Methylene Blue Test (keeping quality). The 2 samples which were reported as being inadequately heat treated originated from a plant situated outside the County, and the information was passed on to the appropriate licensing authority for necessary action. Inadequate storage was the probable cause of the 3 "keeping quality" failures, and appropriate advice was given where necessary.

245 samples of Untreated Milk were also submitted for examination, 37 of which were reported as unsatisfactory in that they failed the Methylene Blue Test for keeping quality. Details of all adverse reports were submitted to the local office of the Ministry of Agriculture, Fisheries and Food for appropriate action.

The problem of the "rogue" milk bottle which is dirty to the extent of contaminating the milk is still with us. During the year a number of "Cautions" were issued following visual examinations of bottles; 4 were submitted to the Public Analyst, 2 of which resulted in prosecutions in which the defendants were fined the amounts of £40 and £75, costs being allowed in each case.

147 samples were examined for chemical quality (butter-fat and solids-not-fat), and there was no case where it was necessary to take a follow-up sample.

## SCHOOL MILK

26 samples of Pasteurised Milk supplied to schools were also examined for both keeping quality and adequate heat treatment, all of which received satisfactory reports. All milk supplied to schools is pasteurised.

## EXAMINATION OF MILK FOR BRUCELLA ABORTUS

1,273 samples of milk were submitted for examination for Brucella Abortus, 21 samples received reports indicating Brucella infections. Arising from these results, notices were served by the District Councils on 13 producers restricting the sale of milk to manufacturing and heat treatment plants only. At 31st December, 1972, there were 43 restriction notices in force. Some of these have been in force since 1965.

For a number of years the County Council has been very conscious of the public health implications which could follow the sale of Brucella infected milk. With the active support of the Farmers' Unions it has campaigned for the early application to Anglesey of the Brucellosis (Accredited Herds) Scheme. It is satisfying now to be able to report that as from the 4th November, 1974, this County will be included in an eradication area.

## THE CONTROL OF FOOD AND DRUGS

Report of Mr. H. A. Thomas, F.I.T.S.A., Chief Inspector of the Department of Consumer Protection upon the administration of the Food and Drugs Act and other allied duties.

### Labelling of Food Regulations, 1970

These Regulations which become fully operative on 1st January, 1973, should strengthen those Sections of the Food and Drugs Act, 1955, which deal with false descriptions of foodstuffs.

Many manufacturers are already labelling their food, so as to comply in advance with these new Regulations. The Regulations deal specifically with claims relating to vitamin and calorie content.

## Compositional Quality of Food

<i>Food</i>	<i>Number Submitted</i>	<i>Number 'Not Genuine'</i>
Baby Food .....	2	1
Beverages .....	2	1
Bread .....	6	3
Bread, Scones and Butter .....	10	—
Butter .....	2	—
Buttermilk .....	1	1
Cereal .....	6	2
Cheese .....	1	—
Confectionery .....	15	1
Cream .....	4	—
Dessert .....	1	1
Fish and Fish Products .....	13	1
Fruit (tinned) .....	1	—
Margarine .....	1	—
Meat and Meat Products .....	14	1
Medicine .....	3	—
Milk .....	26	4
Peanut Butter .....	1	1
Preserve .....	2	—
Sauce Mix .....	1	—
Spirits .....	1	—
Toothpaste (children's) .....	1	—
Vegetables (tinned, dried) .....	4	2

A summary of the unsatisfactory samples and of the action taken is as follows:

*CEREAL* (2)

Samples of Basmati Rice reported to contain 0·26% and 0·24% respectively of foreign matter, which consisted of damaged rice, insect fragments and insect webbing, stones and miscellaneous dirt. As it was felt that the packers could claim that the presence of the foreign matter was an unavoidable consequence of the process of collection or preparation, the packers were advised of the contents of the Public Analyst's certificate. The decisions of recent appeal cases indicate that this was a correct decision.

*CONFECTIONERY*

Rock which contained foreign matter consisting of a flat piece of wood. It was not possible positively to identify the source of manufacture. No action.

*FISH*

A fish finger containing a dark substance which consisted of dehydrated black fish tissue. Result of analysis brought to attention of manufacturers. "Caution."

*MILK (4)*

Milk containing foreign matter which consisted of fine sand and grit. "Caution."

Milk containing foreign matter which consisted of a slug. Fined £75 and costs.

Milk reported to contain foreign matter which consisted of milk skin. "Caution."

Milk containing foreign matter which consisted of a piece of vegetable stem. Fined £40 and costs.

*VEGETABLES (2) (tinned, dried)*

Dried mixed vegetables which were infested with insects. Infestation probably occurred through long storage. All stock withdrawn. "Caution."

Canned butter beans contained foreign matter which consisted of a piece of lignified wood. Similar action was taken to that with regard to Basmati Rice reported above.

*BREAD (3)*

A portion of white bread contained foreign matter which consisted of the remains of a fly. Fined £25 and costs.

Bread which contained a razor blade deeply embedded in the crumb. No action taken as it was not possible to positively identify the source of the bread.

A portion of white bread roll which contained a piece of wood. Fined £50 and costs.

*DESSERT*

This was cream pineapple dessert which was contaminated by mould. Advisory action taken upon the necessity of ensuring the adequate storage of perishable articles.

*PEANUT BUTTER*

This was incorrectly labelled in that it contained more protein than was declared. Attention of packers was drawn to the observations of the Public Analyst.

*BUTTERMILK (cultured)*

A milk preparation not complying with Article 4(3) (b) of the Labelling of Food Order, 1953, in that the ingredients were not listed on the label. All future production to be re-labelled to comply with the Order.

*CORNE D BEEF*

This contained foreign matter which consisted of two pieces of animal skin and attached hairs. This was a product manufactured and tinned in South America, and the matter was taken up with the Embassy of the country concerned.

*SHANDY*

This was reported to contain only 0·8° proof spirit and was inappropriately labelled "Shandy." No action.

*BABY FOOD*

This product was contaminated with mould, caused by a puncture of the tin. No action.

**ICE CREAM**

125 samples of ice cream were submitted for examination, with the result that 95 were classified as Grade I, 26 as Grade II, 3 as Grade III, and 1 as Grade IV.

**PHARMACY AND POISONS ACT, 1933**

Shopkeepers who are not qualified Pharmaceutical Chemists are required to be registered with the County Council to sell certain substances listed as Poisons; these include agricultural sprays, etc. 53 persons are registered under this Act to sell Part II Poisons. Inspections of premises have been combined with other administrative visits.

**SANITARY CIRCUMSTANCES****Housing**

Table 35 (which is adapted from the "Local Housing Statistics" of the Department of the Environment) gives details of the housing progress up to 31st December, 1972, in the various county districts since the end of the war.



Table 35

<i>District</i>	<i>No. of dwellings built or under construction</i>		<i>Increase since 31st Dec., 1971</i>		<i>Total No. of dwellings built or under construc'n per 1,000 population</i>
	<i>by council</i>	<i>by** private builders</i>	<i>council</i>	<i>** private</i>	
Beaumaris Borough .....	329	111	—	10	209
Amlwch Urban .....	545	318	40	44	240
Holyhead Urban .....	1,782	443	—	92	200
Llangefni Urban .....	954	397	20	68	337
Menai Bridge Urban .....	229	533	—	17	289
Aethwy Rural .....	809	1,902	42	305	221
Twrcelyn Rural .....	552	1,701	17	230	234
Valley Rural .....	1,070	2,324	53	346	221
Totals .....	6,270	7,729	172	1,112	231

Excludes temporary dwellings completed.

\*\*Includes dwellings built by other public sectors.

Table 36

DWELLINGS (BUILT OR UNDER CONSTRUCTION) PER  
1,000 POPULATION

*At 31st December each year*

<i>District</i>	1966	1967	1968	1969	1970	1971	1972
Beaumaris.....	151	143	154	187	205	206	209
Amlwch .....	133	144	153	172	187	212	240
Holyhead .....	112	120	134	151	171	196	200
Llangefni .....	233	252	279	308	312	321	337
Menai Bridge..	214	229	252	274	296	289	289
Aethwy .....	100	125	148	163	182	195	221
Twrcelyn .....	119	134	148	164	178	208	234
Valley .....	121	136	152	168	180	194	221

## Water Supplies

Under the Anglesey County Council (Water, etc.) Act, 1944, the functions of the Public Health Act, 1936, for the supply of piped water, were delegated by the eight district councils in the area to the County Council. The piped water supply throughout the County was satisfactory in quantity and in bacteriological quality throughout the year.

There are, however, a number of private wells still in use, and some are polluted, the users of which have been warned to boil the water before drinking.

Sampling of the raw water before entry into the treatment plant is carried out by the Water Department. Of the 23 samples of raw water taken from the Cefni reservoir, 22 were contaminated and all 49 samples of treated water from the plant proved satisfactory. All 46 samples of treated water from the Llyn Alaw plant were satisfactory.

The following information has been supplied by the County Water Engineer and Manager:—

Direct labour mainlaying work covered a distance of 26·4 miles during the year and included 9·0 miles of trunk and reinforcement mains. Areas in the parishes of Trewalchmai, Pentraeth, Llandy-frydog, Llansadwrn, Llandrygarn, Bodedern, Llanidan and Llanfair-pwllgwyngyll were provided with piped water supplies for the first time (13·0 miles).

New housing estates in various districts involved 4·4 miles of new main.

(a) *Lengths of water main laid in 1972:* 46,487 yards.

(b) *New Supplies (Premises connected):—*

Beaumaris Borough .....	5
Amlwch U.D. ....	53
Llangefni U.D. ....	56
Menai Bridge U.D. ....	22
Holyhead U.D. ....	68
Aethwy R.D. ....	288
Twrcelyn R.D. ....	229
Valley R.D. ....	333
Total .....	<u>1,054</u>

## Fluoridation

Fluoridation of the Cefni and Llyn Alaw water supplies was maintained at a satisfactory level without difficulty, and the whole County is supplied with fluoridated mains water. From time to time, however, local supplies still have to be brought into use which dilute the fluoride level in the water in those localities.

## Sampling

Water sampling is carried out twice weekly and all the County is covered at two to three-weekly intervals with the exception of Holyhead, where the supply is sampled weekly. Sampling points are varied from time to time and if unsatisfactory samples are obtained, concentrated sampling is carried out in the particular area concerned.

The sampling is carried out in pairs from premises in close proximity to each other so as to eradicate, as far as possible, misleading results due to technical or other faults. Where one of the pair shows a result below Class I the higher classification is the one taken as correct for the purposes of Table 37.

The County Water Engineer receives a weekly summary of the results. He is also informed immediately an unsatisfactory result is received and close co-operation exists in trying to ascertain the cause and effect a remedy.

Table 37

### BACTERIOLOGICAL RESULTS OF WATER SAMPLES— PIPED WATER SUPPLIES

<i>Supply</i>	<i>Classification</i>				
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	<i>Total</i>
County Mains Supplies	716	3	1	6	726

During the year 7 samples of venous blood were taken from employees of the Water Department and submitted to the Widal test. All the results were satisfactory.

The following table gives the results of water samples taken for the determination of lead content. In each case the sample was from an old property suspected of having lead plumbing.

Table 38

### MAINS WATER SUPPLIES— ANALYSIS FOR LEAD CONTENT

<i>No. of Properties</i>	<i>No. of samples taken</i>	<i>Under 0.02 p.p.m.</i>	<i>0.02—0.05 p.p.m.</i>	<i>Over 0.05 p.p.m.</i>
26	27	19	6	2

## Sewage Disposal

This is a function of the Municipal Borough of Beaumaris and of the Urban and Rural District Councils. My colleagues, the two District Medical Officers of Health, have very kindly submitted the following commentaries on the position in their areas at the end of 1972, which I am pleased to include in this Report:—

**Dr. G. H. Browse Roberts, Medical Officer of Health for the Northern Sanitary Districts, states :—**

*“TWRCELYN RURAL DISTRICT COUNCIL :*

*“Penysarn.—*Nearing completion.

*“Llanfairynghornwy.—*A detailed report was awaited from the Council's Consulting Engineers.

*“Llanfechell.—*Completed.

*“Tregele.—*A scheme was being prepared by the Consulting Engineers who were corresponding with the Welsh Office on certain details.

*“Talwrn.—*The Engineer's report had been submitted to the Welsh Office.

*“Rhosybol.—*Tenders for this projected scheme are being considered by the Council's Consulting Engineers.

*“Carreglefn.—*Detailed plans had been drawn up and submitted to the Council.

*“Marianglas.—*The Consulting Engineers were in the process of drawing up detailed plans in relation to the use of the Moelfre sea outfall.

*“VALLEY RURAL DISTRICT COUNCIL :*

*“Bodffordd.—*This 14-year-old scheme had needed modifications, and these were carried out. Subsequent effluent samples taken by the Gwynedd River Authority were reported as being satisfactory in contrast to those previously taken.

*“Bryngwran.—*Consequent upon the vandalism reported in the preceding year the work of erecting compound fencing around the works was carried out.

*“Bodedern.—*The Consulting Engineers were considering the sewerage in relation to the proposed new County Secondary School.

*“Caergeiliog.—*In the preceding year excavations had shown that blockages had been due to stones, plastic materials and jay cloths. And now in the current year trouble was experienced in the pumping unit due to grease which, on analysis, was shown to be due to vegetable oils and animal fats. The person or persons responsible had not been identified.

*“Gorad Area.—*Obstructions have occurred and been rectified.

*“Gwalchmai.*—Vandalism had occurred in the preceding year. And now in the current year a number of breakdowns occurred at the Pendref treatment works due to quantities of plastic bags, dish cloths, etc., entering the pump well.

*“Holyhead Rural (Refail Farm).*—At the turn of the year the projected schemes had gone out to contract and work was expected to commence in the then near future.

*“Llynfaes.*—Construction was continuing.

*“Penrhos Beach Areas.*—In the late Autumn a meeting took place between the two Sanitary Authorities concerned and the matter was referred to the Consulting Engineers.

*“Trearddur Bay (Stage 2).*—Construction work was in progress.

*“Llanddeusant and Llanfachraeth Schemes.*—Both treatment works effluents samples taken by the Gwynedd River Authority were reported as satisfactory.

**Dr. Arthur Jones, Medical Officer of Health for the Southern Sanitary Districts, states :—**

*“BEAUMARIS BOROUGH COUNCIL :*

“No progress was made with the new sewer to serve the Fryars Bay area in spite of the precarious position of houses being built and improved in this area. A great effort must be made during 1973 to have this serious public health problem corrected.

“The new extended aeration plant is functioning at Llanfaes although, to date, the effluent samples taken by the Gwynedd River Board are less than satisfactory.

“The Town sewage disposal system functions well in so far as it goes, i.e. the discharge of untreated sewage into the Menai Straits. This problem must be faced up to one day.

*“LLANGEFNI URBAN DISTRICT COUNCIL :*

“All the effluent reports supplied by the Gwynedd River Authority during 1972 were satisfactory.

*“MENAI BRIDGE URBAN DISTRICT COUNCIL :*

“The Council’s Consulting Engineers have been working on a scheme for the treatment of a considerable portion of the Town’s sewage by an extended aeration process. All objections have been overcome after consultation with the various bodies concerned and Loan Consent for the Scheme was obtained during the year. Final design work now continues.

*“AETHWY RURAL DISTRICT COUNCIL :*

“The construction of the new treatment works at Pwllfanogl and the laying of new relief sewers was completed, replacing the direct

outfall into the Menai Straits. The treatment work is of modern design and will deal with the present and future extensive development now taking place in the village.

*“Llanddona, Llangoed and Penmon.—*This is the last of the Council’s major schemes, and work was commenced in 1972. This scheme covers a wide and scattered area, particularly in Llanddona and Penmon. Llangoed, which is more compact in character, has been in need of a sewerage system for some considerable time, and will undoubtedly benefit when the work is completed in mid-1974.

*“Newborough.—*The Council are giving consideration to an extension of the existing sewer with a view to the Penlon area being served by a public sewer. Provided the necessary approvals are given, these extensions could possibly be undertaken in 1973.

*“Llangristiolus.—*The position here is under review, and the Council’s Consulting Engineers will no doubt be asked to prepare a scheme in the very near future.”



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**Part IV**

**SCHOOL HEALTH SERVICE**

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## SCHOOL HEALTH SERVICE

### Medical Inspection

The school population on the 25th January, 1973, was:

Primary Schools .....	6,989
Secondary Schools .....	4,403
Special Schools .....	69
	11,461

The statistics reflect a satisfactory state of health among the school population and the work relating to medical inspection is set out in the tables on pages 93-95.

As will be seen from Part II, Tables A and B on pages 94 and 95, the commonest defects discovered at routine medical inspection are defects of vision including squint, and defects of the nose and throat.

Minor orthopaedic departures from the normal foot and postural defects are frequently noted, but the severe crippling defect is happily not often seen. Of the infectious skin diseases, there were 2 cases of scabies and 1 case of ringworm (body).

The general condition and nutrition of all children, except 9, examined at routine medical examinations was satisfactory.

### School Meals and Milk

The October, 1972, census of school meals showed that 8,092 or 75.6% of pupils present at maintained schools in the County took the school lunch, compared with 7,743 or 76% in October, 1971. Free meals served in October numbered 2,048 or 25.3% of the total compared with 1,973 or 25.5% last year. Pupils buying snack meals in school and those bringing their own food to eat at mid-day numbered Nil and 566 (301 Primary and 265 Secondary) respectively, as compared with Nil and 690 (451 Primary and 239 Secondary) last year.

As from 1st September, 1971, the Local Education Authority was allowed to provide free school milk for the following categories of pupils :

- (a) Pupils in special schools.
- (b) Pupils in other maintained schools up to the end of the summer term next after they attain the age of seven.
- (c) Other pupils in primary schools and junior pupils in all-age middle schools where a school medical officer certifies that the pupil's health requires that he should be provided with milk at school.

The October, 1972, census of school milk showed that 2,885 pupils in Anglesey, being pupils in special schools or pupils in other schools entitled to it on age grounds, were receiving free milk. In addition, 29 primary school pupils over the age of 7 years were receiving free school milk on health grounds. The figures represented 95.2% and 0.8% of the respective age groups present on the day of the census. On that day no arrangements had been made for the sale of milk in schools.

## Health Education in Schools

As reported previously, Mr. G. Morgan, who was appointed Health Education Officer late in 1971, commenced duty at the beginning of the year.

Reference to the involvement of schools in the promotion of health education is made in the Section relating to Health Education, which appears earlier in this Report. It is pleasing to note that this important subject forms part of the normal curriculum of some schools in the County, and in future it is proposed to give a high priority to this field of work.

## School Nursing Service

The decision to "attach" the School Nursing staff to the secondary comprehensive schools, with responsibility for the primary schools in the respective catchment areas, has proved a satisfactory arrangement, enabling a more meaningful relationship to be established with the teaching staff.

With the help of part-time Clinic Assistants, the number of visits to schools and the "follow-up" of problem cases in the home has been of benefit to all concerned, with the physical and mental health of the school child.

At the end of the year, in addition to the Nursing Officer responsible for the supervision of the School Nursing and Health Visiting Services, there were 3 School Health Visitors, 2 School Nurses, and 3 part-time Clinic Assistants. There was one vacancy for a part-time Clinic Assistant.

During the year the work carried out by the School Nurses in the prevention of infestation with vermin deserves high praise. The nurses made 31,610 inspections, which is equivalent to every child being examined, on the average, every four months. The number found to be verminous was 76 or 0.7% of the school population. The statistics for the past few years are as follows: 57 in 1968, 73 in 1969, 140 in 1970, and 103 in 1971. It is hoped that the recent downward trend will now continue until such infestation is eliminated in Anglesey schoolchildren.

In September, 1970, it was decided to include, as a routine procedure for the detection of albumin and sugar, the urine testing of each new entrant to Primary Schools and thus provide a more comprehensive medical examination.

Of the 1,365 children examined during the year, 1,337 submitted urine specimens. As far as clinical tests were concerned, only one result was unsatisfactory, but 15 specimens revealed evidence of albuminuria. Of the 16 children with unsatisfactory results one was already receiving treatment from the family doctor and two, because of their past medical histories, were referred to the Consultant Paediatrician. A further specimen was obtained from each of the remaining 13 children one month later, and apart from three who were subsequently referred to their general medical practitioner, the other urine tests were satisfactory.

Further information relating to the work undertaken by the School Nursing staff during the year is given in Table 39.

Table 39

<i>Type of Home Visit</i>	<i>School Nurses</i>	<i>Clinic Ass'ts. (Part-time)</i>	<i>Total</i>
	<i>Cases</i>	<i>Cases</i>	
Exclusion Notices .....	96	26	122
"Follow-up" .....	609	310	919
B.C.G. and M.P. Consents .....	179	33	212
Reading M.P. Tests .....	295	51	346
Defaulters (Hosp. patients, etc.)...	287	25	312
Pre-school Children (4½-5 years)...	237	55	292
"Other" .....	424	26	450
Total Cases .....	2,127	526	2,653
<i>Type of Session</i>	<i>Sessions Attended</i>	<i>Sessions Attended</i>	<i>Total</i>
(a) At Schools:			
Medical Inspection .....	226	88	314
Hygiene Inspection .....	266	87	353
M.P. Tests .....	323	100	423
B.C.G. ....	11	7	18
Vision Testing .....	127	29	156
Ascertainment Exams. ....	10	—	10
Miscellaneous.....	47	9	56
Total .....	1,010	320	1,330
(b) At Special Clinics:			
Ophthalmic .....	52	51	103
Dental .....	53	85	138
Audiology .....	20	2	22
Orthopaedic .....	4	2	6
Miscellaneous.....	40	22	62
Total .....	169	162	331
(c) Miscellaneous:			
Health Education .....	32	3	35
Playgroups .....	42	—	42
Case Conferences .....	6	—	6
"Other" .....	32	3	35
Total <sup>1</sup> .....	112	6	118
Total Sessions .....	1,291	488	1,779

## Orthopaedic Care and After-Care

The following tables set out the work done by the physiotherapist:

Table 40

<i>Clinic</i>	<i>Sessions</i>	<i>Total Patients</i>	<i>Total Attendances</i>
Holyhead .....	71	73	315
Llangefni .....	40	49	258
Amlwch .....	42	46	233
Menai Bridge .....	43	49	224
Totals .....	196	217	1,030

Table 41

<i>Orthopaedic and Other</i>	<i>Total</i>
Patients on clinic registers at 1.1.72 .....	224
New patients in 1972 .....	70
Patients discharged in 1972 .....	78
Patients on clinic registers at 31.12.72 .....	216

Breathing exercises etc. have also been given to 8 cases referred by hospitals.

In addition physiotherapy sessions continued during the year at Ysgol Cefni, Llangefni for those children likely to benefit from such treatment. The number of sessions was increased in July to two per week (Tuesday and Thursday mornings). By the end of the year 56 sessions had been held and there were 309 attendances for treatment. Domiciliary physiotherapy treatment was also provided for two school-children in special need.

During the year 165 attendances were made by 137 individual children at the 11 Orthopaedic Clinic sessions held at Holyhead and Llangefni, an average attendance of 15.0 per session.



## **Defective Eyesight and Squint**

The Ophthalmic service for school children is provided through the Hospital Service. The number of refraction sessions held during the year was 93 as compared with 64 in 1971. The number of school children seen was 1,024 (696 in 1971). In addition, a further 159 pre-schoolage children were examined compared with 83 the previous year.

The number of school children operated upon—at the Caernarvon Eye and Cottage Hospital—was 32 (21 in 1971).

Prescriptions for spectacles were issued at the clinics to 362 children.

The school nurses test the eyesight of 7 and 10 year old children and refer doubtful cases for the opinion of the school doctor. During the year 913 children aged 7 years and 835 aged 10 years were tested by the nurses and 68 (51 and 17 respectively) referred for further examination. In addition the school nurses test the corrected vision of children wearing spectacles and if in doubt about their suitability refer the child for further examination. During 1972 they examined 234 such children and referred 5 to the school medical officer.

## **Orthoptic Treatment**

Orthoptic clinics continued to be held at Bangor and during the year there were 321 attendances of Anglesey children. The number of children seen was 80 including 64 new cases.

In addition Orthoptic sessions were held at St. David's Priory, Holyhead. By the end of the year 44 sessions had been held, 60 children were seen, including 25 new cases and the total attendance at these clinics was 313.

## **Diseases of the Ear, Nose and Throat**

All consultations and operations for conditions of the ear, nose and throat are held at the Caernarvon and Anglesey General Hospital, Bangor.

These are among the commonest causes of ill-health among children and during the year 60 cases were referred for further investigation. In 1972 according to information received, 76 children received operative treatment, 32 for the removal of tonsils and or adenoids, 37 for diseases of the ear and 7 for other nose and throat conditions. 55 children received other forms of treatment.

## **Handicapped Pupils**

The Education (Handicapped Children) Act, 1970, came into operation on 1st. April, 1971. Consequently the powers conferred under Section 57 of the Education Act, 1944, ceased and the provisions under Section 34 of this Act now apply to children previously recorded as unsuitable for education at school.

Details relating to the formal ascertainment of handicapped pupils during 1972 are given in Table 42 and at the end of the year the number of such pupils on the register was 238.

Table 42

CLASSIFICATION OF HANDICAPPED PUPILS

<i>Category</i>	<i>No. formally ascertained during 1972</i>	<i>No. on the register of H.P.s at 31/12/72</i>
Blind .....	—	5
Partially Sighted .....	3	9
Deaf .....	—	2
Partially Hearing .....	12	31
Delicate .....	—	4
Educationally Sub-normal .....	4	141
Epileptic .....	—	4
Maladjusted .....	1	4
Physically Handicapped .....	1	25
Speech .....	—	13
Totals .....	21	238

During 1967, a register was started of pre-school aged children who, early in their school life, might need to be ascertained as Handicapped Pupils. At the end of the year 2 Blind, 5 Partially Sighted, 4 Partially Hearing and 24 Physically Handicapped children were on this "Potentially Handicapped" register. In addition, 29 Delicate, 17 Epileptic, 1 Potentially Maladjusted, together with 2 children with Severe Communication Difficulties were under surveillance. There were also 29 children who are Potentially Educationally Sub-normal.

The following table shows the number of ascertained handicapped pupils admitted to special schools during the year and the number in attendance at such schools on the 31st December. The table does not include E.S.N. pupils who were admitted informally.

Table 43

## ASCERTAINED HANDICAPPED PUPILS IN SPECIAL SCHOOLS

<i>Category</i>	<i>No. admitted during 1972</i>	<i>No. in att'ce. at 31/12/72</i>	<i>No. waiting adm. on 31/12/72</i>
Blind .....	—	5	—
Partially Sighted .....	—	3	3
Deaf .....	—	2	—
Partially Hearing .....	—	4	1
Delicate.....	—	3	—
Educationally Sub-normal...	4	87	1
Epileptic .....	—	3	—
Maladjusted .....	1	2	1
Physically Handicapped .....	3	19	—
Speech .....	—	8	—

*Educationally Sub-normal Pupils*

A considerable proportion of the time of the medical staff is devoted to the individual assessment of children because of suspected backwardness. During the year 45 such reports (on Form 3H.P.) were received as a result of which 35 children were referred for further examination. It was considered that none of the remaining children should be kept under observation. The number examined during the year was 15 and they were recommended for some form of special educational treatment.

Children ascertained as educationally sub-normal pupils who are recommended for educational treatment at a day special school are normally admitted to St. Gwenfaen School, Rhoscolyn. The number of children on the school roll at 31st December, 1972 decreased to 41, as compared to 47 in 1971, and it has not been possible to admit a number of children due to the school's isolated position and the resultant transport difficulties.

The majority of children in need of educational treatment at a residential special school are placed at Treborth Hall, Bangor, and at the end of the year 17 Anglesey children were attending this school. As from September, 1968, pupils have also been admitted on a day basis and 10 places are allocated to Anglesey children. By the end of the year 10 children were attending as day pupils. Thus the day placement facilities at Treborth Hall assist towards alleviating the needs of those children who for geographical reasons are unable to attend St. Gwenfaen.

At the end of the year 28 children were on the register at Ysgol Cefni (previously known as the Junior Training Centre), Llangefni, following the transfer of the premises from the Local Health Authority to the Local Education Authority as from 1st April, 1971, in accordance with the Education (Handicapped Children) Act, 1970.

I submit hereunder for information a report submitted by Mr. J. Comley, the Educational Psychologist:

"A total of 159 children were examined individually during this year and mass screening carried out at 4 Junior Schools yielded progress reports on another 240 children. 35 of the individual referrals were accompanied by Form 3HP.

The overwhelming majority (124) of the 159 children examined individually were referred in the first instance by reason of their failure to attain satisfactory reading norms. Table 44 below provides a breakdown of the diagnoses and recommended disposal.

Table 44

DIAGNOSES AND DISPOSAL OF CHILDREN REFERRED FOR  
UNSATISFACTORY SCHOOL ATTAINMENTS

<i>Total</i>	<i>Recommended Classification</i>			
	<i>Educationally Sub-normal</i>	<i>Dyslexic (U.C.N.W.)</i>	<i>Remedial Placement</i>	<i>Advice to School</i>
124	21*	11	46†	46

It is unfortunate that geographical difficulties, and in some cases the refusal of parents, made it impossible to implement a number of the recommended special placements (4\*, 7†). It is worth noting that only a small proportion (16%) of these relative failures can be attributed to insufficient intellectual development, and an even smaller proportion (9%) to the presence of dyslexia or related difficulties. This last group contained a number of children of good all-round intellectual ability.

In addition 13 subnormal children were examined and of these, 5 were seen for intensive behaviour modification; 1 child was treated by means of systematic desensitization for a phobia, and 4 were treated with operant techniques to advance their lagging speech.

22 children were referred for various behavioural problems and seen either at St. David's Priory, Holyhead, or at the Isgraig Clinic. Advice in these cases was given either to parents or to the School"

### *Defective Hearing*

There were 2 deaf pupils on the register at the end of the year and 31 partially hearing. No school children were examined by Professor Sir Alexander Ewing at Bangor during the year.

According to the records there are now 13 pupils in Anglesey schools known to have been provided with hearing aids.

### *Speech Therapy*

The Speech Therapist held 71 sessions during the year and gave 391 appointments. 19 new cases were seen, a total of 47 children received treatment and 12 were discharged. A number of other children were interviewed but did not require treatment.

### *Dyslexia and Related Disabilities.*

Facilities are now available at the Department of Psychology, University College of North Wales, Bangor to help children suffering from dyslexia; diagnosis and treatment being carried out under the supervision of Professor T. R. Miles.

### *Spina Bifida Survey*

An initial survey carried out in 1967 to ascertain the number of spina bifida cases amongst Anglesey children born during the period 1st January, 1960, to 31st December, 1967, revealed a known total of 19 cases; 2 further cases were discovered at a later date. 6 new cases came to our notice during 1968, 4 in 1969, 6 in 1970, 2 in 1971 and a further 3 in 1972 making a total of 42 known cases over the period. Two of the new cases born in 1972 died shortly after birth.

Of the overall total, 18 have died, 10 were stillborn and 4 have left the County. Of the 10 remaining Anglesey children, 4 are attending ordinary schools, 4 at a residential school for physically handicapped pupils and the remaining 2 are being kept under close surveillance.

### *Child Guidance*

Children showing evidence of being emotionally disturbed are referred to the Child Guidance Clinics which are held in Bangor and Holyhead under the direction of the Consultant Child Psychiatrist.

Details of work done at the Child Guidance Clinics for the year 1972 are given in Tables 45-47.

Table 45

#### Anglesey Children seen during 1972

##### 1. At Clinics—Number of attendances:

Clinic	No. of individual Children seen	Attendances									
		Psychiatrist				Psychologist				P.S.W.	
		First		Further		First		Further		First	Further
		C	P	C	P	C	P	C	P	P	P
Bangor .....	16	16	9	48	26	6	—	—	—	16	41
Holyhead ...	35	35	21	138	80	13	—	1	—	31	136
Children seen at schools .....	159	—	—	—	—	159	—	—	—	—	—
Totals ...	210	51	30	186	106	178	—	1	—	47	177

"C"—Child

"P"—Parents or Guardians



Table 46

## 2. Elsewhere—Number of Visits:

<i>Psychiatric Social Workers</i>	<i>Psychologists</i>
Home Visits and Visits to Other Agencies	School and Other Visits
40	200

Table 47

## 3. Number of referrals to Psychiatrists during 1972:

<i>Name of Referring Agency</i>	<i>No. of Referrals</i>
School Medical Officer .....	20
General Practitioners .....	14
Consultant Paediatricians .....	4
Other Medical Specialists .....	4
Courts and Probation Officers .....	2
Social Services Department .....	—
Parents .....	5
Schools and Education Officers .....	2
Educational Psychologist .....	3
Others .....	4
	—
Total	58
	—
Waiting list at 31/12/72 .....	2

## Miscellaneous Medical Examinations

The School Medical Officers carried out the medical examination of 60 candidates for admission to courses of training for teaching, 67 firemen, and a small number of other miscellaneous examinations.

## DENTAL SERVICE

Mr. O. C. Jenkins, Principal School Dental Officer, reports as follows:

“The dental statistics set out in Table 48 reveal that during the year 98·1 per cent. of the total school population were dentally inspected compared with 67·9 per cent. in 1971. The number of pupils treated and the ‘courses of treatment completed’ during the year, compared with the previous year, increased by 9·4 and 6·6 per cent. respectively.



*“Staffing.*—There has been a further step forward in the development of the School Dental Service in Anglesey, by the increase in our establishment of one area dental officer. Mr. R. H. Gray commenced duties in the Holyhead area in April, as a result of which Mr. J. Barcroft transferred to the Amlwch area as previously arranged.

“The Service has also been fortunate in the help given to the dental officers by the recently appointed Health Education Officer. Soon after his arrival he was telling the children of the benefits of good oral hygiene; he then organised a highly successful competition, among groups of children, which included essays on dental health for the older boys and girls, and a poster competition on dental health and other health subjects for the two younger age groups.

*“Mobile Units.*—I am pleased to report the delivery of a new mobile dental clinic during the year, so there are now three, modern, well equipped dental trailers and one that has been in use constantly since 1955. Over the years the ‘old’ unit has been repainted on a number of occasions, but as it has been outside all the time in all weathers it is naturally beginning to show signs of ‘old age’. I am therefore pleased to learn at the time of writing this report, that the purchase of a ‘replacement’ Unit has been authorised by the Committee.

*“Treatment.*—It is of interest to note that in Anglesey, more permanent teeth have been extracted for orthodontic reasons rather than because of caries during the year. It is also pleasing to see so many children leaving school with sound mouths; it demonstrates their co-operation and realisation of the need to have good, healthy mouths, a habit which is so conducive to good general health. Over the years the need for good oral hygiene has been stressed and although there are still some very poor mouths amongst the children, the majority are in ‘good shape’ at the moment. It is hoped that the ‘leavers’ will continue with their good dental habits. Unfortunately, national statistics are beginning to show that there is a steady fall in the attendance of the teenager for dental treatment after leaving school. Locally this might be due to the dearth of availability of dental surgeons in the National Health Service in the area.

“At the time of writing this report one hears, with dismay, that the Chancellor of the Exchequer, in what the national press terms his ‘Lollipop Budget’, has freed from purchase tax all types of confectionery, sweet drinks and ice cream. One must deplore this action, which will only make these sugar products more easily obtainable, producing poor eating habits and consequent poor dental health and obesity and therefore, many of the ills of later life.

“I would like to thank all the nursing, office and teaching staffs for their help during the year.”

## Dental Inspection and Treatment

1.	No. of pupils inspected by the Authority's Dental Officers:	
	(a) Periodic age groups .....	10,154
	(b) Specials .....	1,084
	(c) Total (periodic and specials) .....	11,238
2.	Number found to require treatment .....	8,426
3.	Number offered treatment .....	8,416
4.	Number actually treated.....	6,071
5.	Attendances made by pupils for treatment .....	8,482
6.	Half-days devoted to	
	(a) Inspection .....	132
	(b) Treatment.....	1,377
	(c) Total .....	1,509
7.	<i>Fillings:</i>	
	(a) Permanent Teeth .....	6,888
	(b) Temporary Teeth .....	2,789
	(c) Total .....	9,677
8.	<i>No. of teeth filled:</i>	
	(a) Permanent Teeth .....	5,421
	(b) Temporary Teeth .....	2,511
	(c) Total .....	7,932
9.	<i>Extractions:</i>	
	(a) Permanent Teeth .....	1,035
	(b) Temporary Teeth .....	1,909
	(c) Total .....	2,944
10.	Administration of general anaesthetics for extraction .....	1,151
11.	Emergencies .....	140
12.	Other Treatments .....	3,217
13.	Courses of treatment completed .....	5,606
14.	Orthodontics:	
	In addition to four children having been referred to Hospital Consultants it is known that 362 Anglesey pupils have been receiving orthodontic treatment.	
	The number of pupils supplied with dentures was seven.	

# MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1972

## PART I

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Table A—Periodic Medical Inspection and Pupils found to require Treatment

Age Groups Inspected (by year of birth)	No. of pupils inspected	Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding dental diseases and infestation with vermin):		
		For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)
1968 and later	459	9	55	58
1967	660	17	66	76
1966	144	2	23	23
1965	41	1	4	5
1964	48	1	6	7
1963	35	4	2	6
1962	39	3	7	8
1961	24	2	1	3
1960	22	5	4	9
1959	27	4	2	6
1958	804	110	47	142
1957 and earlier	331	69	12	76
Totals	2,634	227	229	419

Table B—Other Inspections

Number of Special Inspections	...	...	...	...	...	...	1,062
Number of Re-inspections	...	...	...	...	...	...	446
Total	...	...	...	...	...	...	1,508

Table C—Infestation with Vermin

i. Total number of examinations in the schools by school nurses or other authorised persons	...	...	...	...	...	...	31,610
ii. Total number of individual pupils found to be infested and treated	...	...	...	...	...	...	76

# PART II

## Return of Defects found by Medical Inspections

Table A—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin .....	6	21	11	28	8	5	25	54
5	Eyes:								
	a. Vision .....	28	41	179	21	20	8	227	70
	b. Squint .....	27	11	7	1	2	2	36	14
	c. Other .....	4	9	4	5	—	—	8	14
6	Ears:								
	a. Hearing .....	4	9	5	6	—	1	9	16
	b. Otitis Media .....	2	15	1	1	—	—	3	16
	c. Other .....	—	5	1	1	—	—	1	6
7	Nose & Throat .....	33	44	5	20	6	4	44	68
8	Speech .....	10	14	1	2	3	9	14	25
9	Lymph. Glands .....	3	9	—	7	—	—	3	16
10	Heart .....	10	18	1	7	1	4	12	29
11	Lungs .....	10	23	1	11	—	5	11	39
12	Developmental:								
	a. Hernia .....	2	1	—	1	—	1	2	3
	b. Other .....	11	40	1	51	—	7	12	98
13	Orthopaedic:								
	a. Posture .....	2	4	6	4	—	3	8	11
	b. Feet .....	21	20	9	21	6	4	36	45
	c. Other .....	4	7	4	12	—	5	8	24
14	Nervous System:								
	a. Epilepsy .....	2	3	—	2	—	3	2	8
	b. Other .....	—	5	—	1	—	2	—	8
15	Psychological:								
	a. Developm't .....	1	8	1	3	—	10	2	21
	b. Stability .....	1	22	1	7	1	1	3	30
16	Abdomen .....	2	7	1	7	—	4	3	18
17	Other .....	2	5	—	—	1	—	3	5

T.—Number requiring treatment.

O.—Number to be kept under observation.

PART II. (*Continued*)

Table B.—Special Inspections

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin .....	11	6
5	Eyes:	88	19
	a. Vision .....	12	3
	b. Squint .....	2	1
	c. Other .....	8	7
6	Ears:	1	2
	a. Hearing.....	—	2
	b. Otitis Media .....	24	19
	c. Other .....	12	4
7	Nose and Throat .....	1	4
8	Speech .....	4	7
9	Lymphatic Glands .....	2	6
10	Heart .....	2	1
11	Lungs .....	10	26
12	Developmental:		
	a. Hernia .....	2	—
	b. Other .....	12	3
13	Orthopaedic:	3	2
	a. Posture .....	2	—
	b. Feet .....	—	—
	c. Other.....	—	—
14	Nervous System:		
	a. Epilepsy .....	1	—
	b. Other .....	—	—
15	Psychological:		
	a. Development .....	2	2
	b. Stability .....	2	6
16	Abdomen .....	2	2
17	Other .....	3	1

## PART III

## TREATMENT TABLES

*No of cases  
known to have  
been dealt with***Table A.—Eye Diseases, Defective Vision and Squint:**

External and other, excluding errors of refraction and squint ...	48
Errors of refraction (including squint) .....	976
Total .....	1,024
No of pupils for whom spectacles were prescribed .....	362

**Table B.—Diseases and Defects of Ear, Nose and Throat:**

Received operative treatment:	
(a) for diseases of the ear .....	37
(b) for adenoids and chronic tonsilitis .....	32
(c) for other nose and throat conditions .....	7
Received other forms of treatment.....	55
Total .....	131
Number of pupils in schools known to have been provided with hearing aids:	
(a) 1972 .....	4
(b) in previous years .....	9
Total .....	13

**Table C.—Orthopaedic and Postural Defects:**

(a) Pupils treated at clinics or out-patient departments.....	263
(b) Pupils treated at school for postural defects .....	—
Total .....	263

**Table D.—Diseases of the Skin (excluding Uncleanliness, see Part**

I Table C):	
Ringworm—Scalp .....	—
Ringworm—Body .....	1
Scabies .....	2
Impetigo .....	—
Other Skin Diseases .....	15
Total .....	18

**Tables E and F.—Child Guidance Treatment and Speech Therapy:**

(a) Under Child Guidance arrangements .....	72
(b) Under Speech Therapy arrangements .....	47
Total .....	119

**Table G.—Other Treatment given:**

(a) Miscellaneous Minor Ailments .....	—
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	—
(c) Pupils who received BCG vaccination .....	720
(d) Other:	
(i) Pupils given Breathing Exercises .....	8
(ii) Treated at Hospitals .....	539
(iii) Enuresis Alarms .....	33
(iv) Ultra Violet Light .....	3
Total .....	1,303



## SCHOOL CLINICS

The present arrangements regarding school clinics are as follows:

## A Local Education Authority Clinics:

<i>Type</i>	<i>Location</i>	<i>Sessions</i>
1. Dental	(a) St. David's Priory, Holyhead (b) Clinic, Isgraig, Llangefni (c) County Sec. School, Menai Bridge (d) New Clinic, Madyn Road, Amlwch (e) Four Mobile Clinics	Daily when A.D.O. is operating in the area
B Clinics conducted by the Local Education Authority on behalf of or by the Welsh Hospital Board on Local Authority Premises:		
1. Ophthalmic	(a) County Secondary School, Amlwch (b) County Secondary School, Menai Bridge (c) St. David's Priory, Holyhead (d) Clinic, Isgraig, Llangefni	An average of 1 clinic per week is held in the County alternating between the various centres according to the numbers awaiting treatment in the four catchment areas.
2. Orthoptic	(a) C. & A. General Hospital, Bangor ... .. (b) St. David's Priory, Holyhead	Weekly 1st, 3rd and 5th Tuesdays monthly
3. Orthopaedic	(a) St. David's Priory, Holyhead (b) Clinic, Isgraig, Llangefni	Once monthly alternately
4. Physiotherapy	(a) St. David's Priory, Holyhead (b) Clinic, Isgraig, Llangefni (c) County Secondary School, Menai Bridge ... .. (d) County Sec. School, Amlwch	Monday and Wednesday (mornings) Thursday (morning) Friday (morning) Tuesday (morning)
5. Child Guidance	(a) St. David's Priory, Holyhead (b) Clinic, Isgraig, Llangefni	Alternate Thursdays (all day) Alternate Wednesdays (morning)
6. Speech Therapy	(a) Clinic, Isgraig, Llangefni (b) County Sec. School, Menai Bridge ... .. (c) St. David's Priory, Holyhead	Monday (morning) Monday (afternoon) Tuesday (all day)

# CONSTITUTION OF HEALTH COMMITTEE 1972-73

---

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*Vice-Chairman:* Mrs. E. G. Williams, J.P.

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†Mr. J. Hugh Thomas, O.B.E.

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†Ex-officio

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Mr. G. Alun Williams

Mr. Robert Williams

Mr. S. T. Williams

# SENIOR STAFF OF THE COUNTY HEALTH DEPARTMENT 1972

---

County Medical Officer of Health, & Principal School Medical Officer	G. Crompton, M.B., B.Ch., D. (Obst.) R.C.O.G., D.P.H., M.F.C.M.
Deputy County Medical Officer of Health & Deputy Principal School Medical Officer	†W. Arthur Jones, L.M.S.S.A., M.F.C.M., D.P.H.
Medical Officer in Department and School Medical Officer	†G. H. Browse Roberts, M.A., M.B., B.Ch., B.A.O., D.P.H., L.M.
Principal Dental Officer	O. C. Jenkins, L.D.S., R.C.S.Eng., D.D.S. (Toronto)
Area Dental Officers	H. W. Evans, B.D.S. J. Barcroft, L.D.S. R. H. Gray, L.D.S.
Consultant Obstetricians	*O. Vaughan Jones, M.A., M.D., F.R.C.S., F.R.C.O.G. *W. Macfarlane, M.B., Ch.B., F.R.C.O.G.,
Consultant Paediatrician	*Gwyn R. Griffith, M.D., F.R.C.P., D.P.H., D.C.H.
Consultant Physician (Chest Servi- ces)	*N. G. Hodges, M.B., M.R.C.P.
Consultant Ophthalmologists	*G. L. Harper, M.R.C.S., L.R.C.P., D.O. *H. K. Mehta, M.B., B.S. (Bombay), F.R.C.S. D.O.
Consultant Orthopaedic Surgeon	*G. I. Roberts, M.B., Ch.B., M.Ch. (Orth.) F.R.C.S.
Consultant Venerealogist	*H. Vernon Williams, M.R.C.S., L.R.C.P.
Consultant E.N.T. Surgeon	*Eiron Jones, F.R.C.S.
Consultant Anaesthetists	*T. R. Hardy, M.B., Ch.B., M.R.C.S., L.R.C.P., F.F.A., R.C.S., D.A. *D. E. Rowlands, M.R.C.S., L.R.C.P., F.F.A., R.C.S., D.A. *A. C. Peterson, M.B., Ch.B., F.F.A., R.C.S., D.A. *H. A. Edwards, M.B., Ch.B., F.F.A., R.C.S.
Consultant Child Psychiatrists	*E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow). *G. M. Nicholl, M.A., M.R.C.G.P., D.P.M.
Speech Therapist	Mrs. A. Woolley
Orthoptist	††Miss S. K. Rowlands
Physiotherapists	††Mrs. H. Lloyd Williams Mrs. M. J. Horton-Evans. Mrs. J. Jones

†Also part-time District Medical Officers of Health.

\* Under contract with Welsh Hospital Board.

†† Employed by the Caernarvon and Anglesey Hospital Management Committee.

Chief Administrative Assistant	B. G. Rhodes, L.H.A., L.M.R.S.H.
Admin. Assistant, School Health Service	Miss E. Jones, D.M.A.
Director of Nursing Services	Miss J. E. Jones, S.R.N., S.C.M., Q.N., H.V.Cert.
Nursing Officer (Health Visiting)	Miss M. E. Clarke, S.R.N. S.C.M., H.V. Cert., Q.N., R.N. Cert. (Ontario).
Nursing Officer (Home Nursing)	Mrs. E. C. Parry, S.R.N., S.C.M., O.N.D., N.D.N. (Cert.)
Non-Medical Supervisor of Midwives	Mrs. M. Murphy, S.C.M., S.E.N.
Nursing Staff	11 Health Visitors 3 School Health Visitors 2 School Nurses 3 Clinic Assistants (Part-time) 16 District Nurses/Midwives 4 District Nurses 12 Nursing Auxiliaries.
County Ambulance Officer	<div>Left Williams</div>
Assistant Ambulance Officer	Cledwyn Rowlands
Health Education Officer	Gareth Morgan

#### ASSOCIATED OFFICERS OF THE COUNTY COUNCIL

Clerk of the County Council	Idris Davies, O.B.E., J.P., LL.B.
County Treasurer	I. L. Pugh, F.I.M.T.A.
County Architect	N. Sq. Johnson, A.R.I.B.A., A.M.T.P.I.
Director of Education	D. G. Hopkin, B.A., LL.B., Barrister-at-Law
County Water Engineer and Manager	A. B. Groves, B.Sc. (Hons.), A.M.I.C.E., M.I.W.E.
Director of Social Services	D. A. Parry, B.A., D.A.S.S.
Chief Inspector, Consumer Protection	H. A. Thomas, F.I.T.S.A.
Public Analyst	R. Sinar, B.Pharm., B.Sc., M.Ph.A., M.Chem.A., F.P.S., F.R.I.C., A.Inst. W.P.C.

**PRESENT ARRANGEMENTS AT:  
ANTE-NATAL CLINICS**

<i>Name</i>	<i>Address</i>	<i>Sessions held on</i>	<i>Time</i>
Amlwch .....	Madyn Road Clinic	Alternate Thursdays	2 p.m.
Holyhead .....	St. David's Priory	Every Wednesday	2 p.m.
Llangefni .....	Isgraig Clinic	Alternate Thursdays	2 p.m.

**INFANT WELFARE CLINICS**

<i>Name</i>	<i>Address</i>	<i>Sessions held on</i>	<i>Time</i>
Amlwch .....	Madyn Road Clinic	1st and 3rd Monday	2 p.m.
Holyhead .....	St. David's Priory	Every Thursday	2 p.m.
Llangefni .....	Isgraig Clinic	2nd and 4th Wednesday	2 p.m.
Newborough .....	Pritchard Jones Memorial Institute	1st and 3rd Wednesday	2 p.m.
Aberffraw .....	Mobile Health Clinic	1st Tuesday	By ap- point- ment
Brynsiencyn .....		2nd Tuesday	
Bodedern .....		3rd Friday	
Bryngwran .....		3rd Thursday	
Cemaes .....		2nd Wednesday	
Dwyran.....		1st Monday	
Gaerwen .....		4th Tuesday	
Llandegfan .....		2nd Thursday	
Llanddona .....		3rd Tuesday	
Llanfairpwll- gwyngyll .....		4th Monday and 1st Friday	
Llanfechell .....		4th Wednesday	
Llangoed .....		3rd Monday	
Menai Bridge .....		1st and 3rd Wednesday	
Moelfre .....		2nd Friday	
Pentraeth .....		4th Friday	
Valley .....		2nd Monday	



## CYTOLOGY CLINICS

<i>Name</i>	<i>Address</i>	<i>Sessions held on</i>	<i>Time</i>
Aberffraw .....	Mobile Health Clinic	1st Tuesday	By ap- point- ment
Bodedern .....		3rd Friday	
Bryngwran .....		3rd Thursday	
Brynsiencyn .....		2nd Tuesday	
Cemaes .....		2nd Wednesday	
Dwyran.....		1st Monday	
Gaerwen .....		4th Tuesday	
Llandegfan .....		2nd Thursday	
Llanddona .....		3rd Tuesday	
Llanfairpwll- gwyngyll .....		4th Monday and 1st Friday	
Llanfechell .....		4th Wednesday ...	
Llangoed .....		3rd Monday	
Menai Bridge .....		1st and 3rd Wednesday	
Moelfre .....		2nd Friday	
Pentraeth .....		4th Friday	
Valley .....		2nd Monday	

## FAMILY PLANNING CLINICS

<i>Name</i>	<i>Address</i>	<i>Sessions held on</i>	<i>Time</i>
Amlwch .....	Madyn Road Clinic	1st and 3rd Thursday	10 a.m.
Llangefni .....	Isgraiig Clinic	Every Thursday (even.)	5 p.m.
Holyhead .....	St. David's Priory	Every Friday	1.30 p.m.
Aberffraw .....	Mobile Health Clinic	1st Tuesday	By ap- point- ment
Bodedern .....		3rd Friday	
Bryngwran .....		3rd Thursday	
Brynsiencyn .....		2nd Tuesday	
Cemaes .....		2nd Wednesday	
Dwyran .....		1st Monday	
Gaerwen .....		4th Tuesday	
Llandegfan .....		2nd Thursday	
Llanddona .....		3rd Tuesday	
Llanfairpwll- gwyngyll. ....		4th Mon. and 1st Fri.	
Llanfechell .....		4th Wednesday	
Llangoed .....		3rd Monday	
Menai Bridge .....		1st and 3rd Wednesday	
Moelfre .....		2nd Friday	
Pentraeth .....		4th Friday	
Valley .....		2nd Monday	

## MOTHERCRAFT AND RELAXATION CLINICS

<i>Name</i>	<i>Address</i>	<i>Sessions held on</i>	<i>Time</i>
Amlwch .....	Madyn Road Clinic,	Tuesday afternoon	By appoint.
Holyhead .....	St. David's Priory	Every Tuesday	10 a.m.
Llangefni .....	Isgraig Clinic	Tuesday afternoon	By appoint.

## OTHER CLINICS

<i>Name</i>	<i>Address</i>	<i>Sessions held on</i>	<i>Time</i>
Child and Family Psychiatric Service Clinic.	Llangefni — Isgraig Clinic	Every Wednesday	By appoint.
Developmental Assessment Clinic.	Llangefni — Isgraig Clinic	1st and 2nd Monday	By appoint.

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